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THE WISCONSIN MEDICAL RECORDER.

J. P. THORNE, M. D., Editor.

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ORIGINAL ARTICLES.

GLAUCOMA.

By J. A. Pratt, M. D., Aurora, Ill.

(First Paper.)

In glaucoma we have one of the puzzles of the oculist, so it is no wonder that the general practitioner is confused. When iridectomy was introduced, a specific was thought to be found, but this illusion has been dispelled, and we are once more at sea, for a cure of glaucoma in all cases. The symptoms of the disease depending as it does on such different predisposing causes, affords an opportunity for study and speculation.

It is one of the most destructive diseases known to sight, coming so stealthily or rapidly that we are hardly warned ere sight is gone. Doubly then should we be upon the watch, keeping well in mind those signs and symptoms that herald it's attack, and have ever ready the best means and advice to overcome it's terrible results.

Many eyes have been lost, and their owners shrouded in darkness, by the wrong diagnosis of this malady. Four years ago a case called this particularly to my mind. Seven years previous a physician had diagnosed and treated a case of right supraorbital neuralgia in an elderly lady. The case lasted some months and when cured the right eye was blind. Seven years later there appeared a left supraorbital neuralgia, diagnosed and treated by the same physician, the sight began to fail and a consultation was called by the son. Glaucoma was diagnosed and an operation was performed, but the patient survived the operation but a few weeks.

More deplorable still are the mistakes of the jeweler-optician, who knows nothing of disease and yet cures all conditions of eye troubles by the fitting of glasses. The rapid deterioration of the sight in glaucoma sends the patient to the oculist or optican for glasses. A patient recently came to my office, stating that she had been repeatedly fitted by a certain town optican and now he could not improve her sight, and no wonder, total blindness in one eye, and unable to read any letters at three feet with the other. Diagnosis glaucoma, with all prominent symptoms present. Her eyes were bothering her, but sight was good when she first called on the optican. It is the experience of every oculist to have patients come from the optician with glasses fitted for detached

retina, paralysis of optic nerve, choroiditis etc. Surely it is an evil that should be corrected. A physician who sends his patients to such a person for the fitting of glasses is doubly criminal.

For some years past I have made it an understood rule, that patients, sent by physicians to ascertain whether glasses are needed or not, would not be charged for such examinations unless glasses were ordered. This is complimentary to the physician, and he can there-by the more intelligently treat patients when he knows there is no trouble with the eyes, and I am sure it is thoroughly appreciated by them. If this were a little more universal it would keep the physician and specialist into closer relations benefiting both, and would tend to do away with the jeweler-optician.

Glaucoma is one of the earliest known diseases of the eye. It's name is derived from the Greek word "Glaucus" which means seagreen, and was given to the disease from the appearance of the pupil, which is of a greenish hue in the late stages. Later when the symptom of increased tension was seen to be present the meaning of the word has taken a modern defination and is universally understood to mean an increased interocular tension.

The hardness of the eye ball attracted little attention until 1830, when William MacKenzie called attention to it, and attempted to relieve the condition by puncturing the tunics.

In 1855 VonGraefe performed iridectomy to relieve the pressure. It is disputed to-day whether the operation benefits by reopening the filtration angle. allows filteration through the scar tissue, or leaves a fistulous opening for the drawing of the agueous fluid. This operation with out a doubt has been a God send in the treatment of glaucoma, for a certain per cent of eyes are saved, that otherwise would be lost.

Later study has brought out, that hardness of the eye ball is a symptom caused by certain conditions, which when removed, lower the increased tension, the train of symptoms that follow cease, and the eye recovers.

The causes of the increased pressure have been found to be varied, but have been classified so we claim two varieties of glaucoma, —primary and secondary. Primary when the condition is not caused by any preceeding disease in the eye; secondary when it has been caused by some preceeding diseased condition.

The primary form exhibits the typical symptoms and is the most amenable to treatment. While the same symptoms are present in the secondary form, they are apt to be masked by the previous disease.

One of the symptoms of glaucoma —excavation of the optic disk— is occasionally seen in normal tension. This may be caused by an atrophy in addition to a physiological cupping or it may come from an intermitting pressure, not present on examination.

In any morbid process that is puzzling the physician, it is well to thoroughly examine the special senses, for frequently can be found there, a clue, that will lead to the right conclusion.

(To be continued)

ANEMONIN.

By W. C. Buckley, M. D., Philadelphia, Pa.

Anemonin or pulsatilla camphor, $C_{15}H_{12}O_6$, the active principle of the anemone pratense—ranunculaceae order. The standard granule of the alkaloid gm. .0005, gr. 1-134 is a very potent and for many disorders of the urino-genital organs of both sexes is a very valuable remedy, but to get its full use it must be understood thoroughly.

In the first place it acts best in the blond subject whether male or female and it should not be given in conjunction with such remedies as macrotin, hyoscyamine, or atropine, as these are ganglionic excitants whilst anemonin is a vascular and cardiac sedative, but not like aconitine and veratrine, still in a sense it is like both because it lowers the action of the heart and the arterial tension and the bodily temperature, but it doee so, it appears, more by controlling irritability and over activity of the ganglionic nerve centers than otherwise. It is not like aconitine and veratrine a direct sedative to the circulation, controlling vascularity, nor even like macrotin, or digitalin which are both constrictors of the smaller arteries and capillaries.

Its primary action is that of a spinal irritant; in large doses it paralyses the spinal cord and medulla oblongata. Its direct antagonists are alcohol, opium, digitalis and I believe also macrotis racemosa and the active principles of the latter three.

On the generative organs of both sexes anemonin has the name of being a specific both physiologically and therapeutically, but the minute dose is the therapeutic dose. Dr. Piffard says that more than one tenth of a minim of pulsatilla is unnecessary, that five drops will aggravate. "Epididymitis and orchitis have been often controlled and entirely dissipated by very small doses, a few drops of the tincture in a glass of water of which a teaspoonful is given every two hours." Piffard. One standard granule of anemonin gr. 1-134, acts efficiently in the same kind of cases when given every two hours for awhile, then every three hours.

Anemonin is also curative in the various chronic catarrhal affections when the discharge is of a bland character, but it must not be administered in large doses, the granule mentioned is sufficient, given every two or three hours.

It is particularly useful in the lymphatic subject and in the rheumatic and gouty diathesis; for certain forms of dyspepsia and in anemia combined with the phosphate of iron, anemonin is invaluable.

Combined with lactophenin its sedative effects are increased hence more useful in painful affections, it is also compatible with thermoline and with colchicine and salicylate of soda made from the wintergreen, salicylic acid and most useful in the female subject particularly with rheumatic and gouty affections.

It is said to be a powerful emmenagogue when the menses are delayed from cold, fright or chill, but I apprehend, it is not to be compared here in its results, to that of macrotin or the Buckley's uterine tonic as prepared by the Abbott Alkaloidal Co., of Chicago Illinois.

Anemonin is useful in the bad effects of masturbation especially in females when accompanied with leucorrhoea of a yellowish or greenish cast. Hysterical tendencies and sexual excitement more espcially, in the blond patient particularly call for anemonin. Give one granule every two or three hours.

INFANTILE CONVULSIONS.

By W. H. Judd, M. D., Janesville Wis.

Attending physician to the Palmer Memorial Hospital. Vice-President of the Rock Co. Medical Society.

The term infantile convulsions is usually applied by authors to various convulsive movements during the first and second years of life. Without reference to causes or pathological conditions which produce them, it is quite true that children are more liable to convulsions during the first two years. Still, we meet with them during all

periods of childhood; hence the name is somewhat misleading, unless properly qualified.

Infantile convulsions may be classified under three heads; symptomatic, or those produced by the nerve centers; sympathetic, or those caused by disease of some remote part of the body; and essential, in which the cause can not always be detected, but which are said to be caused by fright, pain, high temperature, exposure to heat or cold. The first form is by far the most serious, and among its causes may be enumerated, tumors of the brain and spinal cord, tubercular meningitis, cerebro-spinal meningitis, and injuries to the brain or spinal column. The second, or sympathetic form is, at least in part or wholly, due to reflex action. Perhaps the most frequent cause of this form is indigestion, dentition, and worms. It is important for the physician to know whether convulsions are due to a material lesion of the brain, or whether they are essential or sympathetic.

The unilateral character of a convulsion may be regarded as of cerebral origin, when after frequent recurrence of the spasms, they are confined to one side of the body. Yet bilateral convulsions are caused occasionally by unilateral lesions of the brain, and unilateral convulsions are sometimes observed without apparent lesion of the brain. Unilateral convulsions occur with sufficient frequency in connection with lesion of the brain, that a careful examination should be made with reference to such lesions. Convulsions of cerebral origin are usually preceded by more or less localized spasm of muscular groups, vomiting, pinched and painful expressions of the face, irregular contraction of the pupils and strabismus occur either just preceding or following convulsions; the temperature may be normal or increased, depending somewhat on the nature of lesions. The bilateral form of convulsions in connection with history of the case, and their association with some of the diseases of childhood warrant us in diagnosing them as belonging to the sympathetic form. The essential form is diagnosed by the exclusion of the causes of the other two forms, and I may add, excessive irritability, drowsiness, or general tremors usually precede the convulsions. Many of the causes mentioned are liable to produce congestion of ths brain either active or passive, which is indicated in children under two years of age by fullness of the fontanelles. I have seen cases where the fontanelles were depressed, indicating anaemia of the brain. Such cases are generally associated with summer diarrhoea of children.

The prognosis should always be guarded in the symptomatic form. Necessarily it will depend very much on the character of the brain or spinal cord lesions that produce them. The sympathetic form is less dangerous, and under judicious treatment the majority of cases will recover. The essential is mild and of short duration, and the prognosis is favorable in nearly all cases

A few general rules of treatment are applicable to all forms. In mild forms of convulsions, by the time the physician arrives the attack has passed off and there is plenty of time to ascertain the cause; but when this is not the case the physician is expected to arrest the convulsion, and frequently the life of the patient depends on the prompt and intelligent action of the physician. The danger in convulsions is always in proportion to the duration of the attack. Frequent and repeated attacks with return of partial consciousness, irrespective of cause, are less liable to prove fatal than one attack of long duration, on account of the congestion of the brain produced, and lack of proper oxygenation of the blood during the convul-

sive attack. In the treatment of such cases the causual indications give way to the vital, for the time being. The patient should immediately be placed into a warm bath, with cold applications applied to the head. The room in which the patient is kept should be well ventilated, if the convulsion lasts more than five or six minutes under this treatment. Do not waste time, and perhaps place the patient beyond mortal aid by dallying along with other drugs, but give the patient chloroform immediately. Chloroform is the most reliable antispasmodic we have, and it possesses the advantage that it can be administered when the patient is unable to swallow. A dram of chloroform poured on a napkin and held a short distance from the nose to allow the patient to breathe a sufficient quantity of fresh air, at the same time watching the pulse and respiration, will generally arrest the convulsive movement. Consciousness nearly always returns as soon as the effect of the chloroform passes off. Should the convulsions return, administer the chloroform as often as necessary to cause relaxation.

When the convulsion has been arrested, a careful examination should be made to discover the cause. When caused by indigestion, and the patient has not already vomited up the irritant material, an emetic should be given. When the undigested food has passed from the stomach into the intestines, a purgative dose of castor oil is proper and desirable to remove it. Where the temperature is high, and perhaps the indirect cause of the convulsions, cold applications should be made to head and body until the temperature drops to one or two degrees above normal. Another excellent way is to strip the patient and sponge him with warm water and then cause rapid evaporation by vigorous fanning. Antipyrin or acetanilid in doses of one grain for each year and fraction of a year of the child's age will usually lower the temperature, but they are not as reliable as the cold applications, and are capable of injuring the system by their depressant effect. There are a number of remedies which are especially adapted to remove irritation of the nerve centers, and have special indications for their use. Gelsemium is the remedy when convulsions are secondary to some other disease, with determination or active congestion of the brain. The indications for its use are general restlessness, inability to sleep, muscular tremors (or local muscular twitchings), increased temperature, flushed face, bright eyes, and contracted pupils. The remedy must be given in sufficiently large doses to produce its physiological action. In belladonna we have a remedy in almost the opposite conditions: e. g. drowsiness or semi-comatose state, more or less pallor of the face, or cyanosis, eyes glassy, pupils dilated, pulse quick and wiry, or full and easily compressed. The bromide of potassium is indicated when there is but little rise in temperature. It is the remedy par excellence in cases where there is a tendency to repetition of convulsions at intervals of a few days or weeks. In chloral and passiflora incarnata we have remedies which act very kindly in any form of convulsions. When the patient is unable to swallow, they can be used in an enema. When the convulsions are arrested, such other means should be used as will remove the primary cause.

Heronin is rapidly coming into general use in the place of morphine and codeine. The reports we have had of its action and effects have been very satisfactory. As a sedative in coughs it is of especial value. It is conveniently dispensed in tablet form.

STOP THAT COUGH.

By W. C. Abbott, M. D., Station X, Chicago, Ill.

Cough is a symptom and should be recognized and treated as such. It may be symptomatic of a pneumonia, a congested larynx or a stomach disorder, or even perchance purely nervous, hence its proper treatment is the treatment of the condition of which it is a symptom.

However, cough must often be palliated while time is given for effect of the basal treatment instituted and active principle therapy is rich in expedients to that end. Most coughs must be sedated, yet but few require sedation to the extent to which it is so often carried; nature being hindered in her efforts to recuperate, and the condition being often actually prolonged and intensified thereby.

Nature is ready and willing to remove congestive conditions and to guard against their recurrence, if proper attention be given to her needs, and our function as physicians is to interpret nature and aid her in every way we can. Our treatment does not cure; we simply make it possible for nature to do so, and happy is he who does not put stumbling-blocks in her way.

Chief among the remedies for cough is aconitine, with which congestion of all kinds can be so readily removed. Small doses should be used and repeated every fifteen to thirty minutes until effect, or the larger doses may be used at less frequent intervals. An average dose for an adult is the one-hundred-and-thirty-fourth of a grain of the amorphous, while for a child one granule of the above for each year of the child's age, with one extra, should be dissolved in twenty-four teaspoonfuls of water, a teaspoonful being given at each dose. To this remedy may be added codeine, gr. 1-67 to 1-6 to each dose for direct sedation, emetin gr. 1-67 or more, to relax the mucosa, atropine sulphate to promote surface circulation or such other remedies as may be suggested by the symptoms present. All these being in granule form may be readily proportioned to suit and dissolved in the proper amount of water for children, given in nests or encapsuled for adults, etc.

One of the handiest remedies for children, alone or with the aconitine, is "Waugh's Anodyne for Infants." The formula is nickel bromide, gr. 1-134, codeine sulphate, gr. 1-67, powdered ipecac, gr. 1-134, lithium carbonate, gr. 1-25, oil anise, gr. 1-134. As will be seen at a glance it is an admirable combination and when appreciated and properly used meets many indications more surely and pleasantly than any other that I have used.

For adults the dose of Waugh's Anodyne may be proportionately increased or small doses of morphine may be used, preferably the hydrobromate.

Cough should be allayed and these and many other expedients will suggest themselves to the observant practitioner when the means are at hand. How foolish it is that the great bulk of the profession go on writing the old-fashioned prescriptions for coughs and colds and driving their patients to the drug stores, where the delusive advertiser blatantly promises to cure a cold in twenty-four hours, and a cough almost instantly, and all for 25c. Is it any wonder that the uncomfortable sick so generally seek this promised speedy relief to their own detriment and the detriment of the physicians who should care for them, but whose prescription is often so uncertain, unpleasant and expensive.

There is but one way out of the troubles. The doctor must post himself on the newer pharmacy and dispense his own medicines. Papers might be written on this subject and the fact would remain the same at the end. It is the only wise thing to do.

ALKALOIDAL THERAPEUTICS

This Department is conducted by A. L. Blesh, M. D., 709 W. Noble Ave., Guthrie, Oklahoma. Original articles, reports and notes on dosimetry are desired for this Department.

ALKALOIDAL MEDICATION

By A. L. Blesh, M. D., 709 W. Noble Ave., Guthrie, O. T,

[Thirteenth Paper.]

PILOCARPINE NITRATE.

Pilocarpine nitrate, standard granule, contains gr. 1-67.

Pilocarpine is one of the two active principles of jaborandi, the other being jaborine. Both are obtained from the leaves of the plant. The writer knows of no instance in materia medica where two active principles derived from the same plant are so diametrically opposite in their action as these two are.

The action of the jaborine is almost identical with that of atropine, though somewhat less certain and decisive.

Pilocarpine, on the other hand, is perhaps the most vigorous stimulant to glandular action known. Its action in this direction is so pronounced when given in moderately large dosage as to constitute a very unpleasant ordeal to the unfortunate patient.

The one is physiologically antidotal to the other. Hence, again comes up the ghost that will not down—the ever varying reports upon the action and no action of jaborandi among those who use the galenical preparations. It is quite plain that the action must vary with the relative proportions of the alkaloids present in the sample used. The two may even counter-poise each other, so that practically a no-action is the result.

There are some few people who do not respond to the alkaloid pilocapine nitrate in the usual way. The reason, aside from personal idiosyncrasy, which is a no-explanation, is not known.

Children are always much less susceptible to it than adults, and require a proportionately larger dosage. With them it should always be used with caution, as they are never so able to withstand its depressing effects.

Pilocarpine nitrate stimulates secretion of all glandular structures. This action is especially marked npon the glands of the mucus and cutaneous tracts. Under its influence the skin may excrete so much as three pints of liquid. The eyes weep excessively. There is free nasal discharge of a thin watery material, much resembling that of acute coryza. There is profuse salivation, sometimes nausea, vomiting and diarrhoea. The patient is a picture of intense distress. The heart is accelerated but weakened. Frequently the action of the drug is attended by profound depression. The lungs fill up with secretion from the mucus surface of the bronchial tubes and cells. This may be in such quantity as to menace life, when the dose is large or in weak-lunged individnals.

Pilocarpine and atropine are decidedly each others physiologic antidotes, although the profession seems slow from the standpoint of practice, in grasping this idea. Without a special search in the literature of the subject I would not now know where to cite a case where this fact has been submitted to a practical bedside test. There is no such potent stimulant to the glandular structure of the body in all the list of remedies equal to pilocarpine, just as there is no secretion dryer equal to atropine.

Pilocarpine's very potency makes it undesirable as a routine remedy. Its true field is in the desperate cases of dropsical effusions, where death is imminent unless immediate relief is obtained. Where such an effusion is pressing upon the heart or brain or other vital organs we may not have time to wait for the equally efficacious but slower acting calomel and jalap. For the patient then the problem has resolved itself into one not of discomfort but of life-saving itself. It should be used hypodermically in such cases to its full effect.

Waugh is very positive of its virtue in sthenic erysipelas. He is equally as positive that it is contra-indicated because of its depressant action, and also because, aside from this, it does not exert the perfect control that it does in the sthenic form. In these cases the tincture of the chloride of iron is almost a perfect remedy and should be given in full doses. Personally I have not had the opportunity to put this matter to the test, but my faith in Waugh is such, and my success with the old method of treating acute sthenic erysipelas has not been so brilliant but that I shall give pilocarpine in my next case.

Pilocarpine has been both condemned and recommended in diphtheria. It is likely that the majority of the cases of that dread disase are not in condition to withstand the depressant action of so powerful a remedy. We have so much better and less dangerous remedies for this trouble in nuclein, calcium sulfide, etc., that the writer would hesitate long before administering it.

The action of the kidneys and cutaneous surfaces are sometimes compensative, each to the other, when under the influence of pilocarpine. The one of these may respond to an unusual degree to the remedy and the other not at all.

Pilocarpine also has a field of usefulness as a derivative in acute congestions, where we have not time to await the action of the more truly remedial but slower acting arterial sedatives. Acute congestion of kidneys, lungs or brain may constitute an almost immediate menaee to life. Pilocapine may relieve quickly by inducing free perspiration. If an immediate effect is desired it should be always administered hypodermically in the dose of gr. 1-10. This may be repeated in a half hour if no effect has been obtained.

In small doses, gr. 1-67, it stimulates mucus secretion and increases the flow of urine. Pilocarpine is capable of inducing miscarriage when administered to pregnant women.

It has been observed by a number of physicians that a new growth of hair, of a much darker shade than natural to the patient has accompanied the internal administration of jaborandi, or its alkaloid, pilocarpine. Although this curious fact is the exception to the rule, yet it has served to fix the remedy as a component of many hair restoratives and tonics.

Pilocarpine administered to nursing mothers will increase the quantity but not the quality of milk. Pilocarpine will occasion excessive salivation. In consequence of this depleting action it will frequently jugulate parotidits either of the infectious or non-infctious variety.

PODOPHLYLLIN.

Podophyllin Res., standard granule gr. 1-6. Granules of gr. 1-67 and gr. 1-12 are also made. The writer finds from experience that the standard granule is not too large a quantity to be given to either adults or children above 4 years of age. Podophyllin is an active resin obtained from the rhizome and roots of the Podophyllin Peltalum (May apple).

Podophyllin is our most reliable

vegetable cholagogue cathartic. In large doses (½ to 1 gr.) it will produce copious bilious evacuations. In this dose it is prone to occasion severe griping and nausea. But this may be overcome by adding 1 or 2 granules of hyoscyamine with eaeh dose.

To overcome chronic constipation 1 to 2 granules gr. 1-6, may be given before or after meals, as required, to secure from 1 to 3 free daily evacuations. When this point is reached one granule a day may be dropped from the daily dose, enjoining the patient at the same time to observe regular habits as to time of going to stool. The writer has cured several cases of long standing constipation by this method of administering the remedy. Occasionally he would find it necessary to change the remedy. In that case solid extract of cascara sagrada in 5 gr. doses in capsules would usually be substituted for a week.

In minute dosage, gr. 1-67, it will tone up a relaxed bowel. A relaxation of the bowel will frequently manifest itself by a so-called morning diarrhoea, mucus matter being frequently mixed with the discharges. But the evacuations will be copious and unattended by griping of any kind. When next this condition confronts you, give podophyllin gr. 1-67 every 2 hours; wash the lower bowel out daily with a weak aqueous solution of zinc sulfo-carbolate, given through an 18-inch colon tube, and give 5 gr. sulfo-carbolate of zinc in capsule every 2 hours internally.

In typhoid and the continued types of malarial fevers the author has relied for some time upon podophyllin to keep the bowels soluble and moving. To accomplish this has required one granule gr. 1-6 every 2 hours until the bowels move freely from 1 to 3 times daily. Some patients requiring it every day, others only at intervals of from 1 to 4 days.

It will be found almost if not quite impossible to maintain an aseptic or antiseptic condition in a constipated bowel' so do not fear inviting free intestinal drainage in these fevers. Free intestinal drainage is a *sine qua non* to him who would shorten the usually prolonged course of these dreaded autumnal visitors.

(To be continued.)

ALKALOIDAL PRINCIPLES.

When called to any case of sickness these are the important things to look after: Innervation, circulation, respiration, and nutrition. Keep these vital forces going in as near a normal rate as possible, and your patient will not slip through your fingers by heart failure while you are looking up the cause of his malady. If you find a heart galloping at the rate of a hundred and ten, or even a hundred, you must bring it down to near the normal standard; if it is not way down below the normal, stimulate its flagging energies. No man, woman nor child will long be sick with any physical disease if their circulation is kept constantly near the normal point. The deadliest of microbes will be eliminated and the worst diseased tissues removed and builded new by normal circulation and innervation.

In administering medicines therapeutically there are certain things that must not be lost sight of:

1. That your patient is nearly seventy-five per cent. water; consequently, your drug must be freely soluble in water if you desire rapid effects.

2. Drugs act upon the nerves—some at their peripheral endings, others only on the centers—and they reach the nerves only through the blood.

3. The alkaloids and glucosides, being soluble, enter the blood by osmosis; resinoids and oleoresins by the

lacteal route. The latter can always be accelerated and their action increased by administering them in conjunction with an alkali.

4. Crude drugs, when administered must be digested and their active principle released from their combination with effete substance before they can be absorbed to act on the nerves; usually in pathologic conditions the digestive organs are in bad condition to perform this service, and we never know how much or how little will be taken up; hence it is always best to leave this work to the laboratory of the chemist.

5. Medicines should always be administered for their effects, not to comply with the dispensary; the smallest amount which will produce the effect wanted is the best. This amount depends wholly on the condition of the patient at the time it is given.

6. Drugs have a medicinal and a toxic effect. You rarely want the toxic effect except in surgery, when you give chloroform for anesthesia or belladonua to relax tissues, etc.

7. Therefore, the dosimetric rule of giving a freely soluble principle in its smallest quantity that will produce any effect, and repeat often until you get the efiect desired, is better than relying on any so-called standard dosage.

The advancement of scientific medicine lies in the direction of precision in administering medicines. The experience of the closest observer is not worth one cent when he guesses at the pathologic condition of the patient, guesses at the amount of active principle contained in the drug he administers, and guesses at how much of the drug the patient was able to assimilate. Two of these guesses can be eliminated by administering the active principles, and the other brought very near precision by looking wholly to innervation, respiration, circulation, and nutrition, instead of matching names with the old masters. Alkaloidal medication is not a fad or a sect; it is dealing with conditions through precise and definite properties, in a way that the experience of one generation will be useful to the next.

The above is from an excellent article by Dr. J. T. McColgan in the St. Louis Medical Era for November. If we properly look after innervation, circulation, respiration and nutrition, the result will be the jugulation of disease in a majority of cases. The physician who understands and practices the principles of dosimetry will secure much better results than his neighbor who gives no attention to the subject. Alkaloids are being put on the market in convenient form—pills, tablets, granules—by most of the pharmaceutical houses.

J. P. T.

ALKA LOIDAL NOTES.

The curious fact has been observed by several that nuclein has the power to dispell chilly sensations of a part or the whole body. Put it to the test. Hyoscyamine and glonoin have some power in the same direction.

This is the season of the year when croups and lung troubles will be very prevalent. The readers of the Recorder should get acquainted with the virtues of apo-morphine muriate in this class of cases. For spasmodic croup in a child under 5 years of age dissolve 24 granules in 24 teaspoonfuls of water and give a teaspoonful every 15 to 30 minutes, according to age conditions, until relief or vomiting ensues. Before the stage of emesis is reached you will see the distressing symptoms yield and the little sufferer lapse into a pleasant slumber. If it is membraneous croup—why then that is quite another thing. But I may be

allowed to remark in passing that for even that dread monster we are much better equipped to do battle than under the old regime. It is my opinion that nearly if not quite all of these cases can now be saved. The HOW will be considered later in the series. For older children the dose of apomorphine must be increased proportionately. In the first stages of capillary bronchitis it is a dominant remedy, but should not be pushed to nausea.

We all use acetanilid and likewise we all fear its sometimes untoward results. This formula has stood me in good hand in both aged patients and young children and in fact has gotten to be somewhat of a routine when prescribing the drug for its analgesic effect.

℞

Codeniae Sulf. - -	gr. ¼.
Acetanilid, - - - -	gr. v.
Caffeinae (pure alkaloid)	gr. i.

M Ft. in Chart No. i.

Some cases manifest continued nausea and vomitting: in such cases I stop all medication whatever, lessen the milk supply and give a teaspoonful every two hours of a mixture made by putting a tablet containg one one-hundredth of a grain of arsenite of copper into twenty-four teaspoonfuls of water.

I call this a placebo, and think the improvement that follows is the natural result of giving the stomach a much-needed rest for two or three days; but some, with greater faith in the efficacy of infinitesimal doses, may remark that arsenite of copper has a sterilizing effect upon the contents of the stomach and intestines.—Walter H. Parcels, M. D., St. Louis Medical Era, (Nov.)

These remarks were made in the course of a well written dissertation upon typhoid fever. It will be observed that improvement follows the administration of the "placebo." It would be an easy matter to ascertain if the benefit is derived from the medicine or not, by simply gieing a little colored water instead. The writer's opinion is that it would be found that the infinitesimal doses of copper arsenite had a good deal to do with the improvement noted. However the measure of benefit would be proportionately greater if gr. 1-250 should be given every hourr How long it takes the best of us to open our eyes to demonstrate therapeutic facts!

A. L. B.

Dr. H. Vigouroux, speaking of the use of aconitine, in the Dosimetric Medical Review, says: "My observation confirms what has been already many times demonstrated, that the granules of aconitine, dosimetrically administercd, constitute a medicine of incontestible value against neuralgic pains. But it is necessary to remember that if it is necessary that the medicine should be taken until the effect is obtained, it is also necessary that it should be discontinued when this effect is obtained, for unless this is done the patient is liable to suffer from some untoward results the same as happened in a recent case.

But I believe that we should go still farther. It sometimes happens that certain persons can not take such or such a remedy until the effect is obtained on account of their peculiar susceptibility to the medicine ordered. The physician should therefore act with the greatest prudence, and, in recommending to the patients to take the medicine until the effect is obtained, should nevertheless advise him to discontinue it if such or such symptoms should be produced by too strong a dose of the prescribed alkaloid.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

CHIPS OF THOUGHT.

You know what chips are, of course you do. Chips of wood are the best and safest thing to kindle a fire on a cold winter's morning. Chips of thought are apt to create mental sparks. Chips are a little medley, that's their nature. Solid wood is good after the fire is agoing. After a person has read circumspectively for years, the range of his mentality widens—when lifting one link of a chain some of the other links will also clink. Now to the chip basket of thoughts.

When reading the grand oration on the grand occasion in London, Eng,, Oct. 23, 1898, by his ex-magnificence Prof. Dr. Virchow, of Berlin, after having put many interrogation and exclamation marks on the margins foregoing, a gentle glow passed through me while reading the following sentence: "If we place a given animal and a given plant side by side, difficulties vanish, which we had only raised by our own definition."

If ever I read a truthful acknowledgement of the short-comings of mental befoggedness of the critic superwise, it is here! Just think of the honesty of the great man to acknowledge difficulties raised by our own definition, vanish! Isn't it grand?

I remember his lightning speech of 1863, before the Natural Scientists and Medical Association being just as broad trodden without an acute definite point. Thinker! Is not here a clear proof by such an authority as Virchow, of the truth of statement made on p. 253 Wisconsin Medical Recorder, first column, sixth line?

There is more in this analogy as we may percieve by the first claims thereof. The oak is a plant, it grows slowly, but when grown and cut in proper season the corpse thereof, the hewn beam, will last for thousands of years. The elephant is an animal, it grows comparatively slowly, but dying at maturity, the corpse thereof will rot in two or three days. Think this out, there is wisdom in it. Of course my chips are a little medley; never mind, they are animating as I am told by thinkers freed from doubtful dogmas.

Dr. Virchow is correct in his remark that formalism, dogmatism, are dangerous things to play with, they clog the mind. How beautiful is the following from Virchow's address:

"Freed from the formalism of schools, thrown upon his own intellect, compelled to test each single object as regards properties and histories, Huxley soon forgets the dogmas of the prevailing system and becomes first a sceptic and then an investigator. This did not fail to affect Huxley, the Huxley whom we commemorate today, and in alliance with whom we can point to Hunter and Darwin. The path on which these men have achieved their triumph is that which biology in general has trodden with ever-widening strides since the end of the last century; it is the path of genetic investigation."

How does this expression fit to the wonderful uncertainty, yea, contralection of the folowing pages? Deo volente. I will analize that speech in all its vast eloquence by the light of the lantern of Diogenes. May be, I shall find a few ounces of gold in a ton of waste. I honor Prof. Virchow for the work done for over forty years, mainly by setting other scholars to thinking and experimenting. Although I am sorry to say that he was not guided by that spirit which is so

well expressed in the prophet's sentence: "In Thy light we shall see the light." This makes me think of a long past event: About forty-five years ago, traveling from Cincinnati to Dayton, Ohio, in an old-fashioned stage coach, an old but bright eyed gentleman made the following remarks: Talking about the different schools he said: "There is a difference between a school, i. e., an aggrgate of master minds animated with that peculiar spirit of mental union and an academy where each teacher tries to excel in his own hobby, as if trying to prove that no wisdom had existed before him. That school educates pupils of a stable mind, when that college leaves matters uncertain, sometimes antagonistic." No man stands by himself, be he physician, scientist or artist; no man can think without having "assimilated" the thoughts of those who have lived thinkingly before him. If such person does think, his thoughts are as a rule of no particular value.

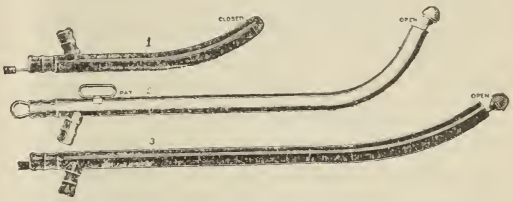
Was he not a sage? Bethink the ideas; assimilation, unity of mind, the pupil. Do never accept mental matters for granted without scrutinizing them; they might disturb your mental digest and misguide you. About sixty years ago when I left home to climb the mountain of knowledge, after the parting kiss and the blessing of my good mother, she said: "My boy, the fear of the Lord is the beginning of wisdom," Thinker, all this to your consideration.

F. A. Beckel, M. D.
Sheboygan, Wis.

CATHETERS AND CYSTITIS.

It is well known that when it is necessary to use a catheter of usual construction—that is, with the ordinary fine perforations as an inlet thereunto —it does not work readily or satisfactorily, or subserve fully the results expected from it.

Examples of such unsatisfactory operations are seen where there is a good deal of mucus present in the bladder, such mucus being apt to surround or



lie upon the end of the catheter, clogging or stopping the apertures thereof and preventing the ingress of fluids to be drawn off; again, when sediment or calcareous matter is present, it clogs, even sometimes filling in part or completely the apertures, with consequent failure of the catheter to fully perform its functions. Such failures are especially apt to happen in nearly, if not quite, all forms of chronic diseases of the bladder, and notably so in cystitis.

My object, therefore, is to present a catheter that is reliable and efficient in operation when the use of a catheter is indicated in all conditions and diseases of the bladder. In this instrument the danger of clogging or failure to perform its functions is obviated, and its interior may be readily made aseptic, and bits of mucus that usually clog an ordinary catheter may be readily drawn off.

This catheter is of very simple construction, being tubular, with the curve of an ordinary instrument, and opened at the end for an inlet. For the closure of this open end, and for the easy insertion of the catheter, as well as for other purposes, a bulbous or rounded head is used, preferably solid, and attached to one end of a wire, passing through the body or tube and projecting at its rear or outlet end.

This construction forms a very efficient catheter having an area of open-

ing so large as to greatly obviate the danger of clogging, for, if mucus should lodge against the open end, the working of the head back and forth upon its seat would cut away the obstructing bits of mucus and permit them to pass through the tube.

With this instrument there should be no hesitancy in using nitrate of silver, iodine, corrosive sublimate, carbolic acid, or hydrogen solutions in the bladder, as any of these solutions can be readily drawn off or neutralized, thus preventing poisoning from absorption, or preventing rupture from gases that form in the bladder.

Regarding the treatment of cystitis with the employment of this catheter, presuming that we have a typical case, with ropy, viscid and tenacious mucus, the membrane thickened and possibly ulcerated, and in deep folds—"ribbed" as it were—we begin the treatment as follows:

1. Inject a quarter of a grain of cocaine dissolved in a drachm of water into the membranous portion of the urethra.

2. Anoint the largest hard-rubber catheter that can be well passed into the bladder, and increase the size one number each week until the urethra is normal in size.

3. Begin with dilute hydrogen solutions—preferably hydrozone—one part to twenty of lukewarm water, using this solution freely, especially when employing the large size catheter. If the small size is used at the beginning, I recommend the use of only two or three ounces at a time until removed by the return flow. This can be repeated until the return flow is clear and not "foaming," which indicates that the bladder is aseptic.

4. Partly fill the bladder with the following solution: Tincture of iodine compound, two drachms; chlorate of potassium, half a drachm; chloride of sodium, two drachms; warm water, eight ounces. Let it remain a minute or so and then remove. This treatment should be used once or twice a day.

Where I suspect extensive ulceration I recommend once a week the use of from ten to twenty grains of nitrate of silver to the ounce, and neutralize with chloride of sodium solutions.

This treatment carried out carefully will be satisfactory, as there is no remedy that will destroy bacteria, fœtid mucus, or sacculated calcareous deposits like hydrozone.

R. N. Mayfield, M. D.,
New York City.

A bill has been introduced in the Wisconsin legislature which proposes that patent medicine manufacturers be compelled to submit their formulas to the state board of health, who will have power to prevent the sale of objectionable compounds.

Milkine has all the elements of nutrition as the following statement of its composition shows: Fifty per cent., pure, rich cow's milk; 22 per cent., specially malted barley; 22 per cent., choicest glutinous flour; 5 per cent., prime lean beef; ½ of 1 per cent., common lime; ½ of 1 per cent., common salt.

Dr. R. P. Johnson, speaking of intestinal occlusion, says: The electric enemas not only assist in removing the obstruction by inducing a normal peristaltic action, but impart tone to the vasomotor nerves which supply the non-striated muscular fibers forming the muscular layer of the intestines. It is a well established principle in electrotherapeutics that the active pole of the battery should be as near the tissue to be treated as possible. What I mean by the active pole is the one in nearest proximity to the diseased tissue.

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SUGGESTION.

The word suggestion embraces about all there is in Christian Science, osteopathy and many other fad treatments of the day. Through all ages this has been practiced in some manner and the cults of today are only different forms of the same principle. The educated physician well knows that certain selected cases are amenable to suggestive treatment, and also that a certain number of cases get well by vis medicatrix naturae. The success attained in this per cent. of cases causes the promoters of these schemes to propound systems for the cure of every ill from headache to typhoid fever.

In the course of an editorial in his magazine, Suggestive Therapeutics, Sidney Flower, M.D. says of osteopathy:

"The trouble is with the physicians of America. For general slackness, lack of organization, local bickerings, indifference to vital interests, and incapacity to form a strong opposition to encroachment, commend me to the doctors of medicine. You're too slow. You could have added osteopathy to the qualifications of the M. D. if you had moved in time. You should have taken steps to make a four-year term compulsory before the osteopath should be permitted to practice in any state. You should have taken steps to prohibit the osteopath from treating any cases of infectious disease under penalty of a severe fine. It would not have taken much pressure to have introduced such amendments to the law as are indicated in these two motions. You should have added a course in Swedish Movements to every medical student's line of work, and osteopathy would have fizzled out.

"There is nothing in osteopathy beyond suggestion and the advantage of physical manipulation. The physical manipulation is excellent; it is good for the muscles, good for the tissues, good for the nerves, and good for the mind. It quickens the circulation, and is the best exercise in the world for an invalid. Perhaps it's good for the suffering bones also. I don't know. But it's not a panacea. There is more suggestion in osteopathy than in suggestive therapeutics. But the D. O.s must not tell their patients so. Perhaps the osteopaths are not aware of the fact themselves.

"What are you going to do about it? It behooves you to do something, and do it at once. Get that four-year measure through your legislatures, and you will hold the key to the situation.

"Permit me to close this admonition with a little anecdote, for the truth of which I vouch: One of the chief claims made by osteopathy is that it has a specific cure for diphtheria. Some time ago the child of the superintendent of a college of osteopathy was stricken with diphtheria. The father lost no time in securing the services of a physician, and placed the treatment of his child unreservedly in the physician's hands. During this period visitors were of course denied admittance, but the telephone was kept

busy and inquirers were informed—'Very critical, but we shall pull her through.' 'Thank you, we are making good headway.' 'Yes, we have passed the turning point safely,' and so on. The good old physician kept his own counsel, but he told me the story, and knowing him as well as I do, I know it to be true. He is not a man who will lie merely for the sake of a good joke, and in fact I gathered that his services were frequently in request in that family. The story seems to me to do infinite credit to the paternal solicitude and wisdom of the superintendent of the college of osteopathy, but I cannot help thinking that his conscience must be of good wearable material, warranted not to shrink."

There is some truth in the reference to the lack of harmony, but not as much as the writer thinks. Physicians now belong to medical societies more than formerly, and work more in unison. Petty jealousies and school differences are gradually dying out, and if physicians will continue to work together they can accomplish much. Medical men have a political power, which if used for the advancement of professional interests cannot be overlooked by legislators or judicial officers. The Pacific Medical Journal has an editorial along this line, as follows, which shows a phase of the subject:

"That all forms of quackery are on the increase, in spite of legislation, goes without saying. As long as the majority of the people like to be humbugged legislation will be useless. No law can be made operative unless the people themselves desire it. When an occasional scandal arises concerning some notorious quack, the medical profession comes in for no end of abuse for not doing something in the matter. Lawyers even have said to the writer: 'Why don't you doctors rise up and get after these quacks and expel them from the state?' We have but this to say in reply, that we have the necessary laws, but as these quacks can always command the best talent in the legal profession as well as the support of the daily press, conviction is impossible, or if perchance a quack is found guilty the result is a farce. In a certain memorable case the State Medical Society of California spent several thousand dollars to convict one of the most notorious abortionists in San Francisco for practicing without a license. He was found guilty, fined one dollar, which he cheerfully paid, then returned to his office to find his consultation rooms filled with waiting patients. The State Medical Society of California is not anxious to advertise quacks at its own expense, hence the inaction which has followed this affair."

Dr. Chas. A. L. Reed, of Cincinnati, at a recent meeting of the Northwestern Ohio Medical society, gave a public address on Christian Science, a Sociological Study. This address shows clearly and concisely the history and nature of the fad, and is bound to attract much attention, and will open the eyes of some deluded believers. The following is an extract from the address:

"Take the alleged 'sciences,' 'healings,' and 'pathics,' tear from them the gauze of idiotic 'metaphysics,' the flummery of a weird mysticism, the robes of a hypocritical and impious sacredness and there stands revealed the powerful agency of 'suggestion.' I presume it would be proper for me to take up the history and development of 'suggestion' as a distinct scientific entity, but time will not permit. The medical part of my audience can tell the laity of innumerable instances of so-called cure, due to the employment of this means—cures in all regards analogous to the best authenticated ones reported by the professional wonder workers. But, while the great medical profession recognizes sugges-

tion as a therapeutic agency of utility in certain instances, it also recognizes the limits within which it should be employed. Powerful as is this agency, the educated physician inquires; 'Has a broken bone been 'suggested' back to continuity?' 'Has a tubercle bacillus been 'suggested' into innocuousness?' 'Has diphtheria been 'suggested' into benignity?' 'Has cancer been 'suggested' out of its malignity?' 'Has yellow fever been 'suggested' out of its virulency whether the suggestion has been imparted by fumbling the bones, by prayer, or by incantation?' Yet these are but a few of the many conditions for the cure of which these people, in whom 'no intellectual proficiency is requisite,' are prescribing, and in many instances are administering by force a recognized agency, the efficiency of which lies in absolutely other directions. In conclusion, permit me to say that the great profession of medicine, concerned as it is with truth and humanity, can well afford to watch with good-natured interest these evanescent phases of ever-recurring phenomena. They are beautiful object lessons in the psychic lives of peoples. They furnish splendid demonstrations of the persistence of primitive conceptions and their modifying influence upon human life. The great clinic is now in session."

This has been published in a neat pamphlet at 10 cents per copy by McClelland & Co., The Groton, Cincinnati, Ohio, and we would advise all our readers to secure a few copies. The address is not published for profit but for the purpose of explaining the principles to the public.

Another excellent work along this line is the book on Anti-Christian Cults, Theosophy, Christian Science and Spiritualism, by Rev. A. H. Barrington. This work has before been referred to in these pages and is an impartial review of the subject. Physicians would do well to read both the above works and be well and correctly informed on subjects which are bound to be thrust before them still more in the future.

DIPLOMA MILLS.

Chicago has long been the home of diploma mills and medical and other diplomas have been sold and sent to all parts of the world. These bogus diplomas have cast a shadow on all American diplomas in Europe and it is encouraging to know that an effort will be made to shut up these concerns. As the law in Illinois now stands when one of these institutions is shut up by the law the owners immediately get a new charter under a new name and go on selling diplomas.

Recently a meeting of prominent educators was held in Chicago and a bill drawn which will be presented to the legislature. This bill provides for an educational commission, which will have power to fix the minimum requirements for entrance to educational institutions and graduation from them, and can revoke the licenses of educational institutions. We hope that this bill will be passed by the Illinois legislature, as it will mean the death of diploma mills there. The enactment of such a law in Illinois would doubtless be followed by similar laws in other states. American medical colleges have been rapidly bringing up the standard in the last few years, and the time will soon come when a diploma from a reputable medical college will be as good as any in the world. The reputation of American diplomas should not be tarnished by the diplomas sold by the diploma mills.

We have added a number of new writers to our staff of regular contributors. The contributors of last year will all write for this year's Recorder.

ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

The Recorders of 1898 are worth binding and those who bind every year's volume will in a few years have a useful set for reference. Send us your 1898 numbers and 65 cents and we will send you, postpaid, a finely bound volume.

The Southwestern Progressive Medical Journal is rapidly improving in every respect. The club offer of the Recorder and Southwestern is taking well and has brought in a number of new subscribers to both journals. The Southwestern is a good medium for advertisers who especially wish to reach Texas and Arkansas.

Passiflora incarnata is a remedy which has, in the last few years, come into general use on account of its value. It is of especial use in convulsions, epilepsy, hysteria, whooping-cough, insomnia and neuralgia. Some physicians have reported no results from it, but we think this is because a poor preparation was used.

From the days of the ancients until the present time, it has been known that the sambucus or elder has properties which make it useful in certain skin affections. In acne and erysipelas it is especially beneficial. Aceneine is a preparation of sambucus with zinc oxide, lanolin and olive oil and is an excellent remedy in treating acne and other skin diseases.

An easy and efficient way of removing moles and warts is to apply a solution of sodium ethylate, which is one of the safest and best escharotics. In using it a little petrolatum should be spread around the affected spot and a drop or two of the solution applied. Too much destruction can be prevented by the application of a few drops of chloroform.

A most unusual case of fasting just occurred in this city, where a man lived without taking food of any kind for forty-seven days. A paralytic stroke was the beginning of the sickness and for some days the patient was unable to swallow, but after he recovered sufficiently to swallow, he refused to partake of food. For forty-seven days nothing but water passed his lips and death terminated the long fast. The patient was a clergyman, aged 81 years.

A case of tubercular anemia was recently treated by hematherapy at Sound View Hospital with very satisfactory results. After a month's treatment the patient's condition was as follows: Vertigo, headaches, night sweats, dyspnoea, and extreme weakness, had entirely disappeared; her appetite was splendid, bowels regular, and she was full of energy and life; complexion rosy, and weight increased by fourteen and a half pounds. A thorough physical examination revealed the fact that the lymphatics had resumed their normal size and were no longer hard. She was instructed to continue the bovinine, a wineglassful in milk every three houss, and to report once a week for examination.

We have before spoken of the fact, that the treatment of facial blemishes was a remunerative field which the physicians should occupy. The vibratile mentioned on another page is a valuable way of treating the skin and removing wrinkles by electric massgae.

Endometritis: Among the methods of treatment in use at the present time none has proved more successful in many cases of endometritis than that recommended by Dr. W. F. Waugh, of Chicago, and recently referred to in the Alkaloidal Clinic. Briefly described this is as follows: After the vagina has been thoroughly douched with peroxide of hydrogen solution, a mixture consisting of equal parts of europhen and aristol with fluid petroleum in sufficient quantity to give it a creamy consistency, and warmed to body heat, is drawn up into a long-nozzled, rubber syringe. All air being expelled from the syringe, the nozzel is carefully introduced into the uterus up to the fundus, and a few drops of the mixture slowly injected until it begins to ooze out at the os. The syringe is then withdrawn and a cotton tampon charged with a weaker oleaginous mixture of europhen and aristol inserted. The application should be repeated every third day until a cure is affected. This usually requires from three to six seances. In Dr. Waugh's opinion endometritis may be cured more certainly by this means than by any other method, and if a cure does not result, it is because there has been a migration of organisms into the Fallopian tubes beyond the reach of uterine applications.

The latest cure is "la frigotherapie," devised by R. Pictet, the discoverer of the liquefaction of oxygen and a member of the leading scientific societies of France and Germany, Mr. Pictet is now in this country to demonstrate its value in diseases of the lungs, stomach, circulation and kidneys.

The necessary machinery consists of a well of metal lined with thick furs, in which the patient descends, the depth being about five feet. This well is surrounded by an outer shell, while the cavity between the outer and inner walls is filled with a combination of sulphurous and carbonic acids known to the scientific world as "liquide pictet," after its discoverer. This gas is kept in a liquid state at 110 degrees below zero, and is continually forced into the cavity by pumps. M. Pictet says the patient, surrounded by the furs and the icy liquid, has no impression of cold whatever, and in fact his temperature rises after three seconds' treatment, increasing from one-half to one degree in five minutes. A period of treatment ranging from five to fifteen minutes is always sufficient for the time being, the number of needful repetitions varying in each individual case.

Dr. Edwin M. Hale, of Chicago, a most prominent homeopathist, died January 15, aged seventy years. Dr. Hale was born at New Port, N. H., in the year 1829, and was the son of Dr. S. Hale, a lineal descendant of the Hales of Norfolk, England. At the age of seven, his parents removed to Fredonia, Ohio. At the age of 20 he began the study of law, but finding it uncongenial discarded it and entered the office of Dr. Blair, a prominent homeopathic physician of Newark, Ohio. He matriculated in the Cleveland Homeopathic college in 1850, and graduated in 1859. He practiced for several years in Michigan, and in 1864 he removed to Chicago and took the chair of materia medica in Hahnemann College. In 1877 he accepted the same

chair in the Chicago Homeopathic College. Dr. Hale was a voluminous writer, having contributed extensively to journals, and also produced a number of works. His works on Gelsemium, New Remedies, and The Heart are well. His greatest work was his Practice of Medicine, published in 1894. This work draws freely from the practice of all schools, and is really an encyclopedic work. He was first and essentially a physician. Though a leader of the homeopathic school, he was liberal in his ideas and had almost as many friends in the other schools. He firmly believed, and often expressed his view, that the time would come when there would be no "pathies" in medicine, but that all would be physicians, taking the best from each school. It was this broad principle that placed him in a leading position in his profession.

Dr. John B. Hamilton died December 24 of typhoid fever. Peritonitis resulted from the typhoid condition and an operation peiorfmed but the distinguised patient did not survive. Dr. Hamilton was well known to the whole profession, especially on account of his connection with the Marine hospital service and his position as editor of the Journal of the the American Medical Association.

Dr. Hamilton was born in Jersey county, Ill., December 1, 1847. His parents, Rev. Benjamin B. and Mary Chandler Hamilton, were prominent and educated people, both of revolutionary stock. He was educated at Hamilton school, and was graduated from Rush Medical College in February, 1869. He engaged in the general practice of medicine from March, 1869, until 1874, when he was appointed assistant surgeon and first lieutenant of the United States army and served in the St. Louis barracks and in the department of the Columbia at Fort Colville, Wash., where he resigned in 1876. In October of the latter year he entered the United States Marine hospital service by competitive examination, headed his class and was appointed assistant surgeon.

He was appointed surgeon in June, 1877, and supervising surgeon in April, 1879. He resigned that office and was reappointed surgeon in June, 1891, after having reorganized the marine hospital service, now one of the permanent health safeguards of the country. In 1892, affairs having been unsatisfactory, he was recalled by Secretary Foster to take charge of the arrangements to safeguard New York harbor against a threatened introduction of cholera. During this period of his activity as a national health officer he established Camp Dow at Sandy Hook. His services during the yellow fever epidemics of 1877–83 and '88 are also matters of credible history.

He was one of the professors at Rush Medical College, where his lectures attracted wide-spread attention. His thoroughness and painstaking in imparting to the students the underlying principles of surgery were prolific of educational results most profitable to the profession.

He was a member of the Illinois State Medical society, of the American Medical Association, the District of Columbia Medical Society, the Medical Association of the District of Columbia, the National Association of Military Surgeons, British Medical Association, an honorary member of the Kentucky and West Virginia State Medical Societies, the Medico-Legal Society of Chicago, and an honorary member of Society Francaise d'Hygiene of Paris, France.

At the time of his death Dr. Hamilton held the position of superintendent of the Northern Illinois hospital for the insane at Elgin, a place which he had filled acceptably for some time.

Phenacetine is useful in the treatment of whooping cough,

Viskolein continues to please the physicians who are using it in typhoid fever.

Dr. John Lindsay, Secretary of the Philadelphia County Medical Society, died December 23d.

Post-graduate instruction by correspondence courses is very useful for physicians who can not leave home and receive personal instruction. The National College of Electro-Therapeutics gives a thorough and practical course by mail. Dr. Triplett, also, teaches several branches successfully by correspondence.

Zomakyne is one of the few coal-tar derivatives of decided merit. Its antipyretic action is prompt and safe. As an analgesic its action is very pleasing and pronounced. A host of coal-tar derivatives have been brought before the profession, but there are only a few of such merit that they will be in continued use year after year.

We have often stated in these pages that imperial granum has a wide field of usefulness in practice. The following letter, from a physician in Newport to the Imperial Granum Co., shows this: "I feel assured you have the best food preparation on the market. I had a son —a soldier — come home low with typhoid fever. I used the imperial granum and it acted like a charm. He is now well. It allays inflammation, reduces fever, quiets the patient and is a great blessing. I wish you a happy Christmas."

Maltzyme is steadily gaining in favor with the whole profession. Dr. E. F. Pearce, of Brooklyn, New York, says: I have been very much interested in the malt question for some time past. The matter of fluidity bothered me for a time, as I was assured that it was not possible to get a good diastasic malt as fluid as maltzyme is. In spite of that assurance, I decided a year ago to give Maltzyme a very careful trial and am ready to state, without any hesitation, that it is an improvement over the others and so I prescribe it frequently.

The statements of experienced chemists and practitioners, as given in the interesting circular recently sent out, verify my own opinion of maltzyme.

In the trilogy of influenza, kryofine acts excellently in promptly relieving pain, fever and insomnia. Its effects appear often within fifteen minutes, its anodyne properties almost equalling that of morphia. It has not the deleterious by-effects so common to coal-tar products, and is superior to many other synthetic chemicals in this as well as in its power and promptness of action. In acute rheumatism its favorable influence is exceptionally marked and rapid. In pediatric practice it is preferably used by many clinicians. Each dose of the drug is followed not only by relief of symptoms, but there is a distinct sense of well-being, marked euphoria being frequently noted. Its hypnotic effects are prominent, and in larger doses the pleasurable sensations continue through the course of the calm and restful sleep which it induces.

Ferro-Somatose is a preparation in which the iron is in firm combination with a proteid. It consists of the albuminous principles of meat in the form of albumoses, in which experience has shown albumins are most readily absorbed and assimilated in the system. Judging from

the promptness of action of ferro-somatose in cases of chlorosis there is every reason to believe that iron in this form is at once taken up into the system and rapidly converted into the hemiglobine of the blood. Aside from this advantage, ferro-somatose is readily soluble in various fluids, and, therefore, admits of a great diversity in its methods of administration. Thus it may be taken one day in milk, another day in soup or gruels, according to the individual preference to the patient. It is also entirely free from the other objectionable features of most preparations of iron, it does not discolor the teeth, disturb the stomach, or exhibit a constipating tendency.

Dr. H. M. Christian, of Philadelphia, read a paper on the treatment of retention of urine in cases of enlarged prostate, at a late meeting of the Philadelphia Medical Society. Among other things he said:

There is, I am sure, no emergency arising in the routine work of the general practitioner of medicine in which his responsibility to his patient is greater than in these cases of retention of urine occurring in men with large prostates. Every genito-urinary surgeon knows that the life of men suffering with enlargement of the prostate, save for the discomfort occasioned by increased frequency of urination, is comparatively a comfortable one, so long as the bladder remains uninfected and the urine keeps sterile. Very nearly all the cases of chronic cystitis in patients with this affection, seen by the writer, have dated the onset of their troubles to the use of a catheter to relieve an attack of retention of urine. Herein lies our great responsibility in the management of these cases, and the physician in attendance must exercise the utmost care in the use of the catheter in order that he shall not infect the bladder and thereby set up a cystitis which will be practically incurable.

In the treatment of retention of urine in cases of enlarged prostate, three things are absolutely essential: (1) The proper instrument for the purpose; (2) an absolutely clean and, as far as possible, sterile catheter; (3) a knowledge on the part of the physician of how such an instrument can best be used to accomplish the desired object.

There is one more point of vital importance in these cases, the neglect of which has cost many a man his life. When called to relieve retention due to enlarged prostate, never entirely empty the bladder.

While genito-urinary surgeons have always recognized the importance of this invaluable injunction, I hardly think that its value has been appreciated by the profession at large. This I gather from conversations with students in the classes at the Polyclinic. It was not so long ago that that the writer heard a physician make the statement with the air of a man who had accomplished a great feat, "that he had removed forty-seven ounces of urine from that man." It would have materially prolonged that particular man's days in the land had only twenty-seven instead of forty-seven ounces been withdrawn.

This rule is imperative, and constitutes the only line of right practice in these cases so frequently seen of chronic incomplete retention, with atony of bladder due to constant accumulation of residual urine. These cases present the clinical condition known as the incontinence of retention—or retention with overflow. Under such circumstances sudden withdrawal of all the urine in the bladder is sure to be fol. lowed by a profuse hemorrhage from the toneless walls of the vicus with a subsequent intractable cystitis, and very often by suppression of urine with death from uremia.

GLEANINGS
FROM RECENT MONOGRAPHS.

In this department we present some of the good ideas from late monographs, of which we receive a great many, some of which have never been published in a journal. We invite medical authors to send us copies of their monographs; while our space does not permit us to refer to all the valuable ones received, yet we shall mention as many as possible. We invite our readers to discuss in the pages of the Recorder, the ideas here presented.

The Radical Cure of Inguinal Hernia, by Fowler's Method, by Dr. H. O. Walker, of Detroit, Mich., is an instructive monograph on hernia. Dr. Walker says:

Had it been possible in the construction of the human body to have so directed the course of the spermatic cord other than through the abdominal wall, inguinal hernia would be a rarity, the accidents and inconvenience that we now have to contend with from its frequent occurrence being thereby averted.

Celsus undoubtedly gave to us the ideal procedure for the radical cure of inguinal hernia, the method consisting of the removal of the cord and testicle on the side on which the hernia existed and the closure of the inguinal canal. Such surgery was not consistent with conservatism, and naturally was abandoned without further effort in effecting a radical cure, until in 1884 Bassini conceived the idea of obliterating the inguinal canal and diverting the cord into a new channel.

Dr. Walker has operated on a series of cases by the Fowler method and this monograph gives the histories of a number of cases. Dr. Walker after his experience with the Fowler method gives the following conclusions:

First: It is much easier of performance than the Bassini method and its modifications.

Second: The possibility of constriction of the cord is obviated.

Third: Properly performed, it would seem, the liability to recurrence is greatly lessened in comparison with other methods. This point, however, can only be determined by further observation of cases operated upon.

Fourth: It is an absolute obliteration of the inguinal canal, without destroying the testicle.

Some Observations of General Interest Regarding the Cause and Management of Cataract, by J. H. Woodward, M. D., of New York City, presents some interesting observations on the subject and the records of twenty-four cases. Dr. Woodward says:

If you study the published opinions of the important authorities upon cataract, or if you recall to mind the results of consultations with eminent ophthalmologists upon cases of incipient senile cataract, I think you will be sure that the impression you have received is, first of all, that senile cataract is a progressive disease, and that within a reasonable time all cases must come to operation. That some of you have been disappointed in the length of time consumed by the development of the disease, I have no doubt is true. If you have halted there in your judgment, if you have not gone farther and condemned as unreliable the opinion you have received from ophthalmologists, you have sometimes exercised great self-control. In your impatience, you may have prescribed remedies that are recommended as absorbents of cataract, and you may have been told by some of your patients that their sight has been helped by your treatment. Others

of your acquaintance may have entered one of the various institutions where cataracts are said to be absorbed, and they may have assured you afterward that their vision had been improved. In the absence of positive objective evidence to the contrary, I do not know why the testimony regarding their condition given by such patients is not as reliable as any testimony based upon subjective impressions. The world at large surely maintains that view of the case; and, if we medical men do not believe that such treatment has been instrumental in helping these people, we ought to have a sufficient reason for our opinions. It is not enough to assert that the absorptionists are quacks; or that it is impossible to clarify an opacity in the crystalline lens by medicines, by mechanical means, or by electrical appliances. Some of our patients will tell us that they certainly enjoy better vision after such treatment, and that is enough for them. For every afflicted person wants results that redound to his comfort, and it matters little to him how they may have been achieved.

The opinion commonly entertained, that senile cataract is an affection dependent upon failure in the nutrition of the crystalline lens has always seemed to me sufficient to explain the phenomena. And my intention has been, therefore, to conserve the elements which are essential to the health of those parts; in other words, to do what was possible to maintain, within the limits compatible with health, the nutrition of a structure not itself provided with blood vessels.

In order to accomplish this purpose it is necessary to provide for the well-being of the general economy, as well as to establish a proper regime for the organ itself. Here, obviously, is common ground for the general practitioner and the ophthalmologist. For there may be no doubt that the function of the general system must be approximated as closely as possible to the normal in each of these patients, if we are to do for them all that may be accomplished.

It is unquestionable that an early diagnosis is the first essential in the local management of incipient senile cataract. There can be no difficulty in detecting the presence of a well-marked cloudiness of the crystalline lens, but in the primary stages of the disease such changes may not be detected unless one is constantly on the look-out for them. When they are discovered it is important that nothing be left undone to prevent the further development of the degenerative changes. If one were to preserve the function of any other organ of the body that had been touched by disease he would relieve it from every injurious application, while at the same time he would not absolutely interdict all exercise of it. The condition is analogous as regards cases of incipient senile cataract; over-exertion must be avoided, but a conservative use of the eyes will promote the health of their integral parts.

Injurious strains of the visual apparatus are obviated to a considerable extent by correction of errors of refraction. The fitting of glasses may appear to some of you as a very simple matter, but for all that, you may be sure that it is not done by "rule of thumb," and its proper accomplishment will never be possible to any one who has not achieved a knowledge of medicine as well as optics. An adequate correction of errors of refraction ought always to be made. Should heterophoria be found causing an unmistakable eye-strain, I would remove it by operations upon the ocular muscles. But, as yet, I have not seen an instance among this class of patients in which I supposed that condition to exist.

Measures directed to the betterment of the general health, and measures direct-

ed to the removal of local strain in the organ of vision, ought to be supplemented by regulations respecting the general use of the eyes. For many years, I have told my patients that they could sew or read by good light until the sense of fatigue should warn them that their visual apparatus was in need of rest. And it seems to me that experience teaches that that rule, simple as it is, will prove to be the safest one for these patients to follow.

In conclusion, permit me to observe that, in view of the facts and deductions which I have presented to you to-day, it would be greatly to the advantage of both physician and patient, if some of the current opinions regarding incipient senile cataract should receive a radical overhauling.

Dr. Woodward shows by the histories of his cases that some very pleasing results have been obtained by this method in his practice. We believe from our own experience with quite a number of cases, extending over a number of years that Dr. Woodward's plan is productive of good results. We believe that many cases of senile cataract can be prevented for years, from developing by means of proper nutrition and hygiene, proper care of the eyes, accurately fitted glasses, local massage and electricity.

State and Municipal Care of Consumptives is the title of a late monograph by Dr. S. A. Knoff, of New York City. It is an address which was delivered at the last annual meeting of the conference of state and provincial boards of health of North America at Detroit. The following are extracts from the address:

In a paper on the prophylactic treatment of pulmonary tuberculosis, read before the American Climatological Association at the meeting of the last medical congress in Washington, in 1897, I said: "To prevent pulmonary tuberculosis we must begin with treating the child in utero."

Mr. President and gentlemen, the state and municipal care of consumptives must also begin with the child in utero.

The is not the place to discuss the prophylaxis in regard to the procreation of a tuberculous progeny, which must, according to our present conceptions of law and ethics, remain the delicate task of the family physician. The duty of the sanitarian and the government in regard to the consumptive poor commences with the care of the tuberculous mother after conception. All I may be privileged to say here is that, according to the experience of prominent obstetricians (foremost among whom I wish to mention my two late and much-regretted teachers: Professor Lusk, of New York, and Professor Tarnier, of Paris), intervention after a tuberculous conception for the purpose of cutting short the duration of gestation, and thus saving the mother's life, has proved disastrous in the majority of cases.

During my visits, some years ago, to many of the sanatoria for consumptives of Europe and of our own country, I inquired into the results obtained by the hygienic and dietetic treatment in those places in cases of pregnant tuberculous patients, and I learned, to my surprise, that a goodly number of these woman not only did remarkably well during their pregnant state, but bore healthy children and continued to improve generally. Dettweiler, Rompler, and Wolff have kept some of these tuberculous mothers under their observation for years, and no relapses were noted. The only conditions, sine qua non, in such cases are the artificial feeding of the child, or, better yet, giving the latter the benefit of a healthy wetnurse, and a prolonged and persistent treatment of the tuberculous condition of the mother under the best

hygienic surroundings. Thus, it seems to me, the best policy for the government would be to create institutions, which might justly be called "maternity sanatoria," where the tuberculous mother, coming from our tenement districts, should be taken at least a few months before her delivery, and should remain until some time after complete recovery from her childbed.

The beneficial effect on the woman's and child's constitutions through such an arrangement can hardly be overestimated. Leaving aside the physical well being thus largely assured to mother and child at a period when their organisms need the most tender care, the hygienic training which the mother will have received in such an institution will be of lasting utility to herself and child, to the family, and to the community.

The greatest chance of a predisposed individual being taken sick is between the age of puberty and thirty. The chances of the disease becoming healed without ever having been discovered are between twenty and twenty-five per cent. I am in a position to verify this percentage by statistics which I compiled for my book on tuberculosis. Besides reviewing the vast literature on the subject I addressed three hundred letters of inquiry to the leading pathologists of the world, and as a result I can say that out of every one hundred autopsies made on people having died accidentally, or of diseases other than tuberculosis, twenty to twenty-five showed evidences of healed tuberculous lesions (cicatrization or calcareous formation). The chances of this disease being cured in from six to nine months, if it is discovered at an early period, are at least fifty per cent.

To carry on the various state or municipal institutions to be erected, with a view to effectually stamping out tuberculosis, a large staff of competent physicians would be needed. These physicians should be paid for their labor. It is inevitable that through taking thousands of patients into such institutions the general practitioner will lose some of his income. Let the state compensate him by paying him for the service he may render in any of the institutions (sanatoria, hospitals, or special dispensaries) created by the state with the view of combating tuberculosis.

To proceed with this work as soon as possible, I should suggest transforming some especially favorably located general hospitals into specials for consumptives. Create sanatoria for children on the seashore, for adults in mountainous or at least in elevated and healthy regions. If your state or provincial funds are not large enough to meet the demand, appeal to some of the many generous and patriotic philanthropists, whose hearts and hands are ever open when there is a question of saving American lives. In 1896 Vaughan, writing on the restriction of tuberculosis, said: "Of the 63,000,000 people living today in the United States, 9,000,000 or more will die of tuberculosis unless something is done to prevent it." Let us do that something—let us do it soon and let us do it well—so that with the dawn of the new century we may hope to see the tuberculosis problem solved, at least in North America; solved by the most humanitarian method, thanks to the combined efforts of physicians, statesmen, philanthropists, health officers of states, provinces, and cities, and the good will of an intelligent people.

Dr. Knoff believes that every large city should have the following institutions: (1) a centrally located reception hospital and dispensary; (2) one or several city sanatoria; (3) one or several mountain sanatoria at no greater distance than possible from the city; (4) several seaside sanatoria for children with tuberculous diseases; (5) a maternity sanatorium.

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ORIGINAL ARTICLES.

OBSERVATIONS ON LA GRIPPE.

By Fordyce H. Benedict, M. D., Weedsport, N. Y.

Among the many serious and fatal diseases prevalent at this time of the year are we not, as physicians, apt to give less attention and study to those classed among the milder epidemics, and thus overlook matters of vital importance in the practice of our profession? Pneumonia, pleurisy and typhoid fever are a class of diseases which always receive minute and careful study, and writers spend hours of thought and study in the attempt to elucidate some effectual methods of combatting such fatal maladies. Have we not, at this season of the year, a disease which should claim more attention in articles written for medical journals, and thus as a profession instruct one another in the best methods for its speedy and successful cure? I mean influenza or la grippe.

I think we do not properly understand the nature of the disease and have often considered it of too trivial and transient a nature to claim our earnest attention. Some of our textbooks treat this subject quite extensively, but more recent investigation and experience have made many of us conclude that the authors themselves were quite ignorant of the true etiology of the disease and of its proper treatment.

The idea is becoming more prevalent each year that la grippe is decidedly of a contagious order. Whole families, one member after another succumbing to the disease, thoroughly proves the theory of its infectious nature. I think there can be no doubt that the disease originates from a specific microbe whose habitat is on the mucus membrane of the whole respiratory tract, and by its specific effect produces the symptomatic expectoration, which being ejected from the patient, aids, by its diffusion through the air, the spread of the disease.

Some authors have claimed that the affection is of malarial origin and have consequently laid down a course of treatment applicable to such diseases. I do not know upon what they base their opinions, unless it be the general malaise and depression accompanying every case of influenza. These symptoms alone, however, should not be sufficient to place it in that class of diseases, and from the absence of any decided exacerbations

which invariably accompany malarial affections, I am inclined to think their theories of such an origin decidedly defective. There is as much dissimilarity in attacks of la grippe in different individuals as in other diseases.

It does not always manifest itself in the respiratory apparatus. Occasionally its location is in the gastro-intestinal tract, producing nausea, vomiting and diarrhoea, with all the other characteristic symptoms of the disease, excepting the catarrhal which always accompanies it when located in the throat and lungs. This form of the disease, I have no doubt, is often confounded with and called typhoid fever, hence the many apparently successful cures and speedy abatement of that disease.

Again it may affect the cerebro-spinal system, producing intense cephalalgia, extreme soreness and rigidity of the muscles of the back, buttocks and legs, with opisthotonos frequently well marked. The last two forms of the disease are, however, quite rare and I think we will all agree that the peculiar and chosen habitat of la grippe is in the respiratory tract.

To see a person suffering with the grippe is usually to see a person very sick. He will say, "I never had such an awful headache in my life," and his intensely corrugated brow and half-closed eyelids show but too plainly that he is speaking the truth. He will also say, "I have such severe pain in my back"—usually locating it in the dorsal and lumbar region—"and I am so sore all over that I feel as though I had been pounded." This story most of us have had repeated to us many times a day in the last few weeks, till its familiarity has almost become a bore.

Well, having a patient of this kind under observation, what shall we do for him? We look at his flushed face, feel his tense bounding pulse, notice the burning skin, the restless turning to and fro, and ask ourselves the question: "What will be the best measures to adopt to bring speedy relief to the impatient sufferer?" Would the first remedy which suggested itself to our minds be quinine? If so, why? We have every indication of high cerebral excitement with probable hyperaemia of all the blood vessels in the brain. Does not quinine, instead of relieving such a condition, rather tend to enhance it? I believe it does, and by its too early administration, increases the danger to the patient. I know this remedy is often prescribed by the physician and also used largely by individuals without professional advice. At first it may seem a successful treatment, but what of the after effects? Have you ever had these same patients come to you a few days afterward and say, "Doctor, every since I had the grippe, I have felt so tired and miserable, and I don't seem to get any strength." Especially is this true of the self-treated cases which invariably resort to quinine and whiskey the first thing. A great many persons in every community are "prescribers," and their advice is often interlarded with accusations against the doctors. The result of their prescriptions—usually quinine and whiskey—is often decidedly advantageous to the emoluments of our practice, in correcting their ill advised mistakes.

If la grippe is of a catarrhal nature, why not treat it as an acute affection of that type of disease? I have no doubt many of you treat the disease much as I have learned to do from observation. I think the first effort should be toward relieving the intense pain and equalizing the circulation. By this means, we lessen in a great degree the liability to complications and place the patient out of the field of danger, into one of speedy comfort and safety. Instead of giving quinine and thus "adding fuel to the flame," I generally prescribe some of the coal-tar

preparations combined with caffein and mono-bromated camphor. The coal-tar acts as a decided febrifuge and relief for pain—the caffein stimulates the muscles of the heart, which in this disease is always necessary, and the camphor tends to relieve the catarrhal symptoms. As an assistant to these in equalizing the circulation I usually give in conjunction acetate of ammonia, and add a few drops of gelsemium to each dose to relieve the congestion of the nasal mucous membrane. Have we not, in these remedies the ones which the symptoms before us would rationally demand? Certainly if it is of an acute catarrhal nature we would not rationally prescribe quinine, yet in most of the text-books you will find this remedy given paramount importance.

After the acute symptoms of the disease have subsided, small tonic doses of the drug may be beneficial, but even then I think some remedy having a specific action on the mucous membrane is preferable. Among this class of the first importance is saw palmetto which has a decided action on the membranes of the pharynx and larynx, and by the addition of kola as a nerve stimulant you get very satisfactory results in the after treatment of the disease.

Most of us have noticed that pneumonia is much more fatal since the grippe made its appearance. This is no doubt because most persons have the two diseases at the same time, the one complicating the other. Formerly I did not seriously dread to find that I had a case of pneumonia to treat, but now I look toward the result of this disease with great apprehension.

I think la grippe is a disease which should claim our sincere attention, and this article is written, not so much with the expectation that I have added much that is new to your observation, but it is written with a desire to stimulate all of us to seek out better means of combatting so serious a complaint, than have as yet been discovered.

GLAUCOMA.

By J. A. Pratt, M. D., Aurora, Ill.

(Second Paper.)

The increased intra-ocular tension is of so much importance in glaucoma, that it is well to know the secretion and exit of the fluids of the eye. It is a well known fact that the ciliary body is the chief secreting portion of the eye-ball. It supplies a fluid which nourishes the vitreous and lens and passes into the aqueous chamber where the excess is carried off. The rapid filling of the aqueous chamber after paracentesis demonstrates how rapidly it is secreted by the ciliary body, and how the secretion must be increased when we have an inflammation of this body.

There has been a great deal written, and discussions have been long, in reference to the exit of fluids for the eye, for on this seems to hinge the etiology of glaucoma. It is without dispute (at present) that the chief exit of fluids is from the angle of the aqueous chamber, through the ligamentum pectinatum into the canal of Schlemm, and the veins connected with it. Until recently Schlemm's canal was considered lymphatic, but it is now accepted as a venous sinus. Without doubt some fluid escapes by the lymph spaces around the optic nerve.

The escape of the fluids by filtration, at the angle of the anterior chamber, was discovered by Leber in 1873. It was not until three years later that Knies and Weber, independent of each other, reported that the filtration angle was generally obstructed in eyes blinded by glaucoma.

After a series of experiments Priestley Smith came to the following conclusions:

1. That fluid injected into the vitreous chamber escapes chiefly if not entirely through the aqueous chamber.

2. That a slight excess of pressure in the vitreous chamber displaces the lens and iris forwards, compressing the filtration angle and impedes the escape of the fluid.

3. That there is no escape through the vortex veins when the filtration angle is compressed.

4. That there is little, if any, escape at the optic nerve.

Gifford injected fluid containing insoluble colored particles into the vitreous, which he saw with the ophthalmoscope to collect at the papilla, and on section the granules were passing backward along the lymph spaces surrounding the central vessels of the nerve.

Priestley Smith was unable by pressure to force colored liquid to leave the eye, or enter into it by the optic nerve. Even if the exit around the optic nerve were obstructed we would not have increased pressure with the adequate exit at the filtration angle, while the reverse is not true.

It is not surprising when so many contradictory conditions are found, that all are not agreed on the retention theory. When we find by repeated experiments that the four conclusions of Smith are practically true, that in nearly every case of glaucoma the filtration angle is closed or there is stoppage in some other portion of its exit, we have only to conclude that a partial blocked or closed filtration angle will cause increased intra-ocular tension. Whether this condition will cause the other changes in the glaucomatous eye remains to be seen. Without doubt the filtration angle could adjust itself to an increased flow of intra-ocular fluid, if that fluid does not contain some substance which will clog up or inflame the filtration angle.

As the majority of physicians give to the increased intra-ocular tension the responsibility of the remaining symptoms of glaucoma, every physician should be able to palpate an eye and tell at once whether the tension is increased or not. With the middle fingers on the brow to steady the hands, the patient is told to look down and the index fingers are placed lightly on the upper lid, when by gently alternating the pressure the tension is readily discernible. Always palpate both eyes and if in doubt use your own eye for comparison.

There is a formula for recording the amount of tension, which was introduced by Bowman in 1862. While it is not scientific it answers the purpose, as a perfect tonometer has never been constructed.

T.n. means normal tension which is about 25 m. m. of mercury. T+3. is stony hardness, and T+1. T+2. the degrees intervening. T—3. is a perfectly flabby eye, while T—1. T—2. are the intervening degrees of softness. When the condition is so near T.n. that we are uncertain we use the terms T+? and T—?.

Every physician should make it a point to palpate the eyes, when a patient is complaining of head or eye symptoms. It takes but a moment and may save hours of embarrassment.

(To be continued).

PRESERVATION OF THE PERINEUM.

By Perry Woolery, M. D., Heltonville, Ind.

One of the most important things we as obstetricians have to deal with is the preservation of the perineum during the second or expulsive stage of labor. It is needless to say that laceration in that region, unless of very slight extent entails upon woman an enormous amount of suffering and discomfort.

Every accoucheur should examine his patient carefully after every delivery to ascertain if there is any tear and if so to what extent. In my opinion they should be operated on at once unless the patient is very much exhausted from loss of blood. The per cent. of unavoidable laceration has been placed at fifteen, but I think that is too high, from the fact that we are as a rule, too diligent in the management of this part of the second stage of labor.

A great many maneuvers have been suggested to prevent it, but I think none are better than the one used by Olhausen and Altfield which consists of the introduction of the fingers into the rectum pulling the chin forward, lifting the head upward, thereby filling up the space under the pubic arch.

We all know that a great deal of good can be done by supporting the perineum with the hand and by our efforts during the intervals of pain to cause the head to pass through the vaginal orifice, but I speak of cases in which the tearing seems inevitable. A great deal of good can be accomplished by anointing the parts freely with vaseline or any emolient preparation.

I remember a short time ago having attended a young girl that became pregnant at thirteen years of age. I dreaded the case from the fact that she was so young and so small, but put forth every effort to do the best for her that I could. The part that gave me most concern was the perineum as I anticipated a complete laceration. I used the rectal expression which has found many followers and was very much gratified to know that, although she was delivered of an eight-pound boy, there was not the slightest laceration. The vagina was very small and had there been no special precaution taken there would have been a complete laceration of the perineal body. In this case there was a primitive lack of development of the maternal parts.

We should all be on the alert for any emergency and always bear in mind that a little mechanical skill in that particular instance will save the mother an immense amount of suffering and will greatly add to our credit as a physician.

As occipito-posterior positions and the delivery of the aftercoming head are more liable to produce laceration, an early diagnosis of the presentation is necessary to put us on our guard.

CLINICAL NOTES.

By M. D. Martin, M. D., Paxton, Nebraska.

SPERMATORRHEA

Is easily cured by the following treatment: Dietetic—very little or no meat, no coffee nor spices, no milk, no stimulants of any kind. Hygienic—lukewarm bath twice weekly; patient sleeping on hard bed, lying on the side; urine voided just before retiring, also at any time of night when awake; patient to rise as soon as awake in the morning.

Medical treatment: I used to use fluid extract gelsemium, fluid extract aconite, fluid extract belladonna and it cures every time, in my experience, the worst cases that I ever saw. A patient having an emission nearly every night, color of his face like wax, was cured in about three weeks.

The last case that I had, used the alkaloids which are always reliable. The prescription was as follows:

℞ Gelseminine, gr. 1-250 No. xxxv.
Atropine Sulph. gr. 1-250 No. xxiv.
Potassi. Brom. ʒvi.
Syrup Simplex, q.s. ad. ℥iii.

M. et S. Teaspoonful in water three hours before bed time and at bed time; repeat in night if wakeful.

CHRONIC RHEUMATISM.

I was appealed to by a man who had been afflicted with rheumatism for seven years. He had been treated by various physicians, had been to the hospital, taken mud baths, etc.; said he was getting worse every day and would soon be helpless. He said: "Give me something to cure me or kill me, I don't care much which." I suspected a syphilitic taint, and gave him the following double barreled shot gun. He is a small man, very anemic and with a very poor constitution. He said he would take anything and I gave him the following:

℞ Hydrarg Bichlor. gr. 1-134 No. xxx.
Colchicine, gr. 1-134 No. xxxv.
Rhus Tox, Green Tinct., M. 1-10 No. lx.
Bryonin, gr. 1-67 No. l.
Phytolaccin, gr. 1-6 No. xxx.
Codeine Sulph., gr. 1-6 No. xxx.
Digitalin, gr. 1-67 No. xxv.
Syrup Prun. Virg., q. s. ad. ℥iv.

M. et S. Teaspoonful once in three hours.

℞ Nuclein tab. Aulde, No. lx.
Strych. Arseniate, gr. 1-30 No. xxv.
Emetine, gr. 1-67 No. xxx.
Aquae Pur., q. s. ad. ℥iv.

M. et S. Teaspoonful three or four times per day.

My patient has improved very nicely under this treatment.

TONSILITIS

Is generally cured by the following treatment if taken the first few days. First, a smart cathartic moving the bowels two or three times in twenty-four hours. Then quinine in about 5-gr. doses every four hours for adults to stop the ameboid action of the white blood corpuscle and check inflammation. Then

℞ Aconitine, gr. 1-134.
Atropine Sulph., gr. 1-250 aa. xxiv.
Aquae Pura, q. s. ad. ℥iij.

M. et S. Teaspoonful every one to three hours till much relieved or till throat is dry, then not so often till cured.

If there is any delay in the cure use nuclein (Aulde) and see it get there in a hurry.

TWO CASES OF URIC ACID HEADACHE.

By C. L. Tarleton, M. D., Cedar City, Mo.

President of the Board of Examiners for Pensions, etc.

The two following cases which, yielding so promptly to treatment, were unique in my experience, inasmuch as they were both probably due to malarial origin combined with a sluggish liver, such as oftentimes pertains in this section of the country and is almost always associated with an excess of uric acid in the blood.

The first case was that of Emmet W., age 11, who was taken sick the 15th of August, 1898, with a profound chill, followed by high fever. One of the local physicians was called in at this time to see him, and he had charge of the case until September 26th, when I took charge of it. I found him free from the fever, with a badly coated tongue, sallow skin, constipated bowels, with highly colored urine, which contained quantities of urates and phosphates, and had a specific gravity of 1012. As night approached he complained of severe pain in the head, which was not confined to any definite point, but seemed to radiate through all portions of the brain. The peculiar feature was that this lasted only during the night time, disappearing as day approached. I tried everything—calomel, quinine in large doses, strychnine, bromides, and

tonics—but the only relief he could get was through opium. The bromide of lithia gave him more relief than any other remedy before I tried thialion, but none of these remedies seemed to have the desired result of curing the patient, the pain still continued in greater or less degree. On November the 5th I commenced giving him thialion, directing that a teaspoonful should be taken the first day three times, one hour before meals, dissolved in a cupful of hot water, and drank as hot as possible. The second day two doses of similar size were administered, and after that only one dose a day was sufficient. The effect was immediate, the pain was relieved of its great intensity. The first night much relief, the second night very little pain, and the third night none at all, and none since that time. A dose of thialion was given once a day for two weeks, and once every third day for two weeks more and then stopped. He is now perfectly well, entirely free from pain, gained in flesh and strength, and seems in perfect health. The bowels, which before this were in a very constipated condition all the time, are now moving naturally every day, the thialion having cured this obstructive condition which had lasted for years.

Case 2 is that of John V., age 33, farmer, married. He was taken sick on the 4th of December with violent pain in the head. The people here call this a "sun pain." I was called to see him on the 10th. In the interim between the attack and my seeing him first he had tried many patent and domestic remedies without any result. On my first visit he was a pitiable subject indeed, pain radiating through the brain, causing intense suffering. Remembering my experience in the other case, I put him at once on thialion, ordering a teaspoonful in a cupful of hot water every two hours until it operatad well, and then every morning before eating. The result was magical, the pain diminishing rapidly, and in three days he was entirely free from it, though the medicine was continued once a day for a considerable time. There has been no return of the attack, which was over a month ago.

These two cases were evidently caused by an excess of uric acid in the blood, which was promptly relieved by thialion, which I consider a most valuable addition to our therapeutics. Nothing seemed to give relief until I used thialion, and then the work was accomplished as if by magic.

Hot air is being used extensively as a therapeutic agency at the present time and Dr. J. L. Gray, of Chicago, now proposes to cure pulmonary tuberculosis with it. He says:

Experimental investigations show that the bacillus tuberculosis can be killed by heat if it is sufficiently intense, and in view of this fact I came to the conclusion that if a patient could breathe an atmosphere heated above the point that kills the bacillus tuberculosis great good might result and a cure be affected. Acting upon this theory my investigations were directed to the devising of some method of applying very hot air directly to the lung tissues. The result is an apparatus consisting of air chambers filled with sterilized air that contains an excess of oxygen over ordinary air as we breathe it. The air in these reservoirs is deprived of all moisture and heated to a temperature of from 300 to 400 degrees Fahrenheit, so that when taken into the lungs it is an absolutely dry mixture of sterilized air supercharged with oxygen. Air so treated can be breathed at even as high a temperature as 450 degrees Fahrenheit, with perfect safety and comfort. There is no danger and the effect is pleasant and agreeable,

ALKALOIDAL THERAPEUTICS

This Department is conducted by A. L. Blesh, M. D., 709 W. Noble Ave., Guthrie, Oklahoma. Original articles, reports and notes on dosimetry are desired for this Department.

ALKALOIDAL MEDICATION

By A. L. Blesh, M. D., 709 W. Noble Ave., Guthrie, O. T,

[Fourteenth Paper.]

POTASSIUM BICHROMATE.

Potassium bichromate, standard granule, gr. 1-67, chemical formula $K_2 Cr_2 O_7$.

The literature of regular medicine contains but scant reference to this salt as a remedy for internal administration. It has been used as an application to various indolent growths and ulcerations. To those whose readings have not embraced the newer alkaloidal literature of the last decade, it will seem strange if not quite heterodox to hear the claim made that it has a truly medicinal action when given internally.

Among those who are familiar with its action, its sphere of usefulness is fairly well defined. The alkaloidist finds it a strong working ally when working amoug his little patients.

In large doses potassium bichromate is an irritant, caustic poison. This irritant action is so violent as to obscure any other lethal action it might manifest. However, it profoundly affects the circulation in large doses, finally producing coma and heart failure.

In medicinal doses (gr. 1-67 to gr. 1-4) it is an alterative and stimulant expectorant to all the mucus surfaces, more especially of the pulmonic area. Where cough is dry in the early stages of bronchitis and pneumonia it will hasten exudation and consequently resolution.

In the early stages of the capillary bronchitis of children the writer relies upon apo-morphine to start the secretions, free the bronchioles of the tenacious mucus slugs, and thus re-establish respiration in the disused area. The apo-morphine is preferred to the potassium bichromate at this time because it is the more powerful excitor of secretion. Later on the latter may be substituted with advantage.

In common acute bronchitis there is probably no better agent than potassium bichromate. When there is fever it may be combined with any of the defervescent and arterial sedative alkaloids. In the third stage of pharyngitis it is said to work wonders, given to adult or child, one granule every half to two hours.

In the case of children where the cough is distressing because of its frequency and inefficiency, it is often found to be necessary to allay as well as loosen it, so that while less frequent it may be more efficient. For this purpose codeine alone or in that excellent combination, Waugh's Anodyne, may be combined with it.

Potassium bichromate may be given to children from one to eight years of age, one granule every half to two hours. It is best given in solution. Children under a year of age proportionately less.

The bichromate salt differs but little therapeutically from the chloride, but possesses the advantage of being effective in minuter dosage and is pleasanter, never in therapeutic dosage disturbing the stomach.

SANGUINARINE NITRATE.

Sanguinarine nitrate—a salt pre-

pared from the active principle of sanguinaria canadensis—blood root. Sanguinaria is a useful remedy which has long been hampered in practice because of the disagreeable effect it produced in the fauces and its aptness in anything near a therapeutic dose to occasion irritation of the stomach with nausea and vomiting. This is largely overcome by the use of the active principles, the dose of which is minute. Standard granule, gr. 1-67.

Sanguinarine in large doses will occasion profuse cold perspiration; the extremities will become cold, the face pale and the features drawn and anxious. The pulse is diminished in frequence, force and volume and may become irregular. Vomiting is also often occasioned, but not in so marked a degree as with the preparations of the crude drug.

Prof. R. P. Thomas has demonstrated that it will not nauseate or in any way disturb the stomach in doses down to 1-12 gr. This is more than is ordinarily required.

Sanguinarine nitrate is a stimulant expectorant of the first class. It acts both locally and through the central nervous system. By its influence on the centers of respiration it is also a respiratory stimulant of great power. This action may be greatly enhanced by combining it with strychnine.

In those cases of chronic bronchitis where, through diminished sensibility of the pulmonary mucosa, secretion is permitted to accumulate, the indication is not for an anodyne, but rather for something to arouse the sluggish, toxemic, pulmonary musculature to vigorous expulsive effort.

Drainage from the pulmonary area is of no less importance than it is from the various other cavities of the body. It is important to remember that all drainage from the respiratory tract is up hill—against gravity. This is compensated for by the muscular arrangement and by the explosive act known as coughing.

In certain cases as we value drainage we should beware of stopping or attempting to stop the cough. To the contrary sometimes we should do our utmost to encourage the act. It should not be forgotton, in this connection, that pent up secretions are nature's breeding grounds for all kinds of microbic life. It is even supposable that forms of life which at ordinary times under ordinary conditions are innocuous, may under these favorable conditions become virulent.

The combination of sanguinarine with strychnine will as surely empty the lungs as ergot and strychnine will drain the uterus.

Sanguinarine is also a sexual stimulant to both sexes (Waugh.) It has been used with success in the amenorrhoea of the fleshy.

(To be continued).

APOMORPHINE.

Apomorphine is a valuable remedy which is used with much success by many dosimetric practitioners. Many of its claims for recognition and use have been presented in the Recorder.

Dr. F. J. Campbell writes in the Medical Record, of the use of apomorphine in hyteria: Apomorphine here, is the remedy par excellence. It may almost be classed as a specific in the acute hysterical conditions. There are few clinical pictures which present such wonderful and sudden contrasts as that of a patient with teeth clenched, muscles rigid, with opisthotonus, or throwing herself and her anxious attendants about, transformed in three or four minutes by one-tenth grain of apomorphine hypodermically, into a docile, relaxed, limp and vomiting individual, her pride and alleged pains gone together, and a restful sleep in store for her

after the emesis is over. I have never seen any unpleasant complications resulting from the use of this remedy, though I have depended almost solely on it for six years and have used it in several cases in which pregnancy coexisted. Instead of a hypodermic, a dose of from one-tenth to one-fifth grain may be given by the mouth, and a satisfactory though less prompt result will be obtained. I regard apomorphine as by far the most prompt, reliable, and, both to the patient and to the physician, satisfactory drug in the treatment of this condition of which I have any knowledge.

Dr. R. Abrahams says of the value of apomorphine in whooping cough: It does not remove the cause, nor does it shorten the duration of the disease—none of the vaunted remedies do; but it palliates most of the distressing symptoms, such as the frequency and severity of the paroxysms; it induces better rest at night, and, paradoxical as it may seem, it overcomes in some instances, the tendency and inclination to vomit. The two remedies which are conspicuous to-day in the treatment of whooping cough are belladonna and quinine, but the belladonna, in order that it may do good, must be pushed to the point of tolerance, which is practically equivalent to the degree of poisoning; and quinine is possessed of that horribly bitter taste which is objected to by adults and dreaded by the young, to say nothing of cinchonism and gastric irritation which will surely result from its long use. Apomorphine is free from all these bad features. The following formula is recommended:

℞ Apomorphine hydrochloratis, gr. ss
Acidi hydrochlorici diluti, gtt. x
Syrupi, ℥ss.
Aquae menthae piperitae ℥iss.

M. et S.—A half to one teaspoonful every two hours

CORONILLIN.

By M. Luigi Maramaldi.

Adjunct Professor at the Naples University.

Coronillin is a glucoside first isolated in 1884 by Schlagdenhauffen and Reeb from coronilla, one of the Leguminosæ which is quite widely distributed through the central portions of France, and which has been proposed as a succedaneum for digitalis in cardiac affections. The action of coronillin has been studied by Gley, and later by Schlagdenhauffen and Reeb, who published a long paper regarding it in the Archives de Pharmacodynamie. Prevost, of Geneva, has also published a paper on it in the Suisse Romande, 1896.

The researches of the experimenters at Nancy have drawn to coronillin the attention of eastern physicians, and Cardot, Ledoux, Hochhalt, Reboul, and particularly Poult, have employed coronilla and also coronillin as a succedaneum for digitalis. Poulet even wrote a lengthy paper on this subject in 1891.

The biological study of coronillin was carried out by the present writer on various animals and their various systems. The general conclusions established are as follows: Coronillin is an energetic cardiac poison, and acts:

(a) On animals at varying temperatures.—In medium doses it causes progressive weaking of the motor function which, in large doses, becomes transformed into complete muscular resolution; in small doses it retards the cardiac frequency, augments the systolic energy of myocardia, and arrests the ventricle in partial systole; in medium doses it considerably increases the ventricular systoles, while noticeably reducings their number, and arrest the ventricle in systole; in large doses it causes an energetic spasm of the ventricle, the latter being maintained in a state of almost

permanent contraction until relieved by a forced systole; in proportion to the dose employed, the cardiac rhythm becomes deranged more or less strongly, and remains in a condition of arhythmia: the lethal toxic dose for a frog weighing about 30 gme. is from 0.0004 to 0.0005 gme.

(b) On animals at a fixed temperature.—Two periods in the action of coronillin on the heart may be considered: (a) in the first period, it causes a considerable increase of the arterial pressure, with concomitant augmentation and extension of the amplatude of the systoles, which undergo a notable reduction in number; (b) in the second period it effects a gradual lowering of the pressure, and a simultanous increase in the frequency of the systoles, which lose in extension and in amplitude; in both the first and second periods, but particularly in the latter, it may effect very variable oscillations of the pressure, with varying changes of cardiac frequency and arhythmic pulse (atypic arhythmia, bigeminism, successive rhymic inequality, intermittance); it arrests the heart in diastole; in proportion to the modifications of the cardiac function, it also effects modification in respiration. In the first period it diminishes the number of respirations which are rendered more ample and deep, while in the second period it increases the frequency of the respirations which become superficial and irregular; at first, coronillin determines a slight elevation of temperature, then a progressive decline which, with toxic doses, constantly advances until the death of the animal; in healthy animals it causes a slight diminution in the quantity of the urine; administered hypodermically or intravenously, it causes, in about an hour, energetic vomiting; administered per os, even in large doses, it has no effect; it is rapidly eliminated by the urine and by the gastro-intestinal mucus, and elimination is complete in from four to five hours; it possesses a very irritant local action, and may give rise to inflammatory phenomena terminating in suppuration; the toxic lethal dose for a dog is 0.0005 grn. per kilo. (1 :2000000) of the animal's weight.

In the mechanism of its action coronillin causes, in the first period a diminution in the frequency of the pulsations, with increase of their energy, by the stimulation of the depressor nerves, whether intrinsic or evtrinsic, and perhaps also by direct action on the myocardia.

These are the clear and exact conclusions established by numerous experiments and borne out by charts which are very interesting to study. These facts are very remarkable, and show that coronillion, far from being an indifferent remedy, is a good cardiac tonic, having the superiority over digitalis of being very rapidly eliminated. Attention is also called to the important conclusion that the remedy is inert when given to dogs by the mouth. This remarkable fact claims the attention of clinicians, because it may be redially conceived that the remedy can not be judiciously exhibited by ingestion if it is equally destroyed by human gastric juice. But, from the observations of the physicians cited above, who demonstrated that the preparations of the plant, when ingested, were active, it is permissible to believe that the human gastric juice, much less energetic than that of the dog, does not effect the active principle of coronilla. In any case, it cannot be doubted that the remarkable experiments will serve as a basis for a new clinical study.

The above is from a translation in Merk's Archives, an excellent monthly journal of materia medica. As this is an alkaloid which is likely to be brought before us for use in the near future, it is worth studying.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

KRYOFINE.

Synthetic chemistry has added much to the triumphs of this marvelous nineteenth century by its achievements. The discovery of the synthesis of urea in 1828 by Wohler marked the beginning of synthetical products. This science has gradually developed, especially in Germany, until in the last few years we see the opening of an immense field for the production of useful preparations. The number of derivatives from coal-tar is large and rapidly increasing. Of the host of coal-tar antipyretics and analgesics have been tried and found wanting, but there are a few of such decided value that they will retain permanent places in medical practice. One of the valuable products of this class is kryofine which I have recently given considerable trial.

Kryofine was discovered by Dr. Bischler, privat-docent of chemistry at the University of Zurich. Regarding its chemical composition he says:

"Kryofine is, like phenacetine, a p-phenetidin derivative, and indeed, it is the condensation product from phenetidin and methoxy-acetic acid. It is produced by heating p-phenedidin with methoxy-acetic acid to 248°-266° F.; it crystallizes from water in needles with a melting point at 208.4°-to 210.2° F. Methoxa-cet-p-phenetidin results according to the equation:

$$CH_3OCH_2COOH + NH_2C_6H_4OC_2H_5 = CH_3OCH_2CONHC_6H_4OC_2H_5 + H_2O.$$

It was first extensively tried by Prof. Hermann Eichhorst at the medical clinic of the University. Dr. Eichhorst after his study of its effects said he did not hesitate to recommend kryofine as a noteworthy and commendable antipyretic and antineuralgic.

Kryofine occurs in white, odorless, tasteless crystals. It is soluble in 52 parts of boiling and 600 parts of cold water. It is freely soluble in alcohol, ether, chloroform, oils and glycerine. It is incompatible with the salts of the heavier metals and with the halogens and vegetable astringents. Dr. G. F. Butler, professor of Materia Medica in the College of Physicians and Surgeons, of Chicago, gives the following summary of its physiological action:

"Kryofine has no special action on the digestive system. It is non-irritating and seems to exert a slight sedative influence. Regarding the circulatory system, the drug, in therapeutic doses, has no apparent effect upon the blood; the arterial tension, is slightly raised and the force and rapidity of the heart's action moderately increased. Toxic doses cause profound cardiac depression, through direct influence upon the heart and vaso-motor mechanism. In medicinal doses kryofine is a powerful sedative to the sensory nerves and spinal cord, and in many cases the drug acts as a hypnotic. Upon the respiratory system, in moderate doses, the drug is more or less inert, but in large doses the respirations are slightly accelerated. Kryofine is rapidly absorbed and eliminated, excretion occuring chiefly by the kidneys, although to some extent by the skin. Neither the amount of urine nor that of ordinary solids is materially increased. Upon the temperature kryofine exerts a marked influence, reducing fever in from thirty minutes to an hour, the effect lasting from three to six hours. It has no effect upon the normal body temperature.

The antipyretic action of the drng is due primarily to its influence upon the heat center in the medulla. When the body is in a state of hyperpyrexia this center is in a depressed condition, owing to certain poisons circulating in the blood, and will not respond to the normal limit (98.6 degrees) of body temperature. Kryofine, like other members of the antipyretic group, increases the irritability of the heat center, causing it to respond to a lower temperature, while, through its action on the vaso-motor center, the drug stimulates the vaso-dilators, thereby increasing the peripheral circulation and consequently favoring heat dissipation."

Kryofine when applied locally has a antiseptic and sedative action.

Kryofine can be administered in powdered or tablet form. If the tablet is used it should be crushed before taking. The usual dose is seven to fifteen grains.

I have used kryofine in a good many cases with good results. Below I present brief notes on several cases each of which is typical of other cases, but it would be a needless repetition to give histories of other similar cases.

Case I.—Conjunctivitis. This was a case of severe conjunctivitis with considerable pain. The patient was subject to insomnia and the eye trouble made sleep impossible. Kryofine, 7½ grains, was given every evening and enabled the patient to rest well. Kryofine gives good results in the treatment of insomnia as I have observed in a number of cases. In this case, if sleep had not been produced, it would have been a difficult case to treat. With appropriate local treatment and the kryofine the case made a good recovery.

Case II.—Acute follicular tonsilitis. This case was marked by soreness and swelling of throat, headache, back ache, very dry, hot skin, temperature 103°. Examination showed a typical case of follicular tonsilitis. A tablet of kryofine, 7½ grains, every six hours, relieved the pain and reduced the temperature. Locally a gargle of hydrozone was freely used with satisfactory results. Kryofine and hydrozone brought this case through nicely.

Case III.—Headache due to hypertrophied turbinated bodies. This patient had severe headache which I attributed to the swollen and hypertrophied turbinates as I excluded most of the usual causes of headache. Subsequent developments proved this view to be correct. Several coal-tar products which the patient previously used gave little relief. Kryofine was given him and he experienced prompt relief from the headache. The turbinates was reduced to normal size by the galvano-cautery, which a large experience has demonstrated to me is the best method if properly used. After the reduction of the turbinates the headache disappeared, but until the nose was placed in a normal position the patient was made comfortable by the use of kryofine.

Case IV.—Iritis. A well developed case of iritis with corneal ulceration was brought to me. The pain was intense and had not yielded to the remedies hitherto used. Anyone who has had much experience with iritis knows that the pain in this disease may be something terrible. This patient was given a 7½-grain kryofine tablet about an hour before retiring and this gave him rest until the middle of the night when the pain returned, but another tab'et gave rest until morning. This treatment was continued during the active stage of the disease with the same good results.

J. P. Thorne, M. D.,
Janesville, Wis.

CHICAGO NOTES.

While in Chicago recently I was impressed with the fact that Chicago has became a great medical center, with its medical colleges, post-graduate schools and thousands of students.

My visits to one of the post-graduate schools were of much interest to me. The Chicago Eye, Ear, Nose and Throat College has an abundance of clinical material and an able faculty to utilize it. Several things were especially impressed upon me at this school and one was the fact of the absolute necessity of careful examination and an accurate diagnosis in this work—a fact frequently mentioned by Dr. Thorne in this journal. Much attention is given to teaching methods of examining, and it is well, as more than half the battle in ocular practice is proper diagnosis.

Another thing I saw demonstrated was the need of pushing specific treatment of local diseases dependent on syphilis. Many cases go from doctor to doctor suffering from some eye disease and are not cured because the iodide treatment has not been pushed enough. I saw one case of syphilitic eye disease, which was taking 120 grains of potassium iodide daily.

A good point which was taught was to be careful and not hold the eye-dropper too close to the eye when applying remedies. If the dropper is too near, a sudden movement of the patient may cause a corneal abrasion which will result in an ulcer.

At the Johnston Optical Institute a thorough course is given in theoretical and practical optics. So many troubles at the present day arise from errors of refraction that the study of optics has become a most important matter. The course at this school gives a complete training in refraction work.

A visit to the houses manufacturing electrical apparatus for physicians impresses one with the fact that electricity is coming into much more general use by physicians. Many physicians, however, do not yet realize what therapeutic powers are in the different forms of electricity properly applied. The secret of success in electrical treatment is to have good apparatus and thoroughly understand how to use it.

The finest thing I have ever seen in a compressed air apparatus is the one made by the Victor Electric Co. It comprises a motor and air compressor and is run from an ordinary lighting current. With this the pressure in the air tank can always be kept uniform.

Static electricity is being used more now than ever before and one reason is that better machines are now made at reasonable prices. R. V. Wagner & Co. make a static machine which has mica plates instead of glass and which always works in damp as well as dry weather.

I visited the Electro-Medical Manufacturing Company and found that they make a full line of electrical apparatus, which they sell to physicians at very reasonable rates. A few years ago one or two firms in Chicago made all the goods for the Chicago market, but today a dozen or more firms in Chicago are making electrical goods in large quantities for physicians. This shows the increased demand for such goods.

Chicago is said to have the largest number of medical students of any city in the country and while this means large schools and hospitals which are of interest to the physician visiting Chicago, yet any physician will also find it interesting to visit the houses making 'physicians' apparatus of various kinds. The practical men engaged in this work can and are always willing to give practical points of value to any practicing physician.

WM. HALL,
Janesville, Wis.

HELP WANTED.

Male, age twenty-two, good habits, no specific history, reared as a farmer's boy. Until the age of nineteen his health was very good, and the digestive apparatus seemed to be in splendid condition. First symptoms were that of heaviness located in the region of the stomach. Sour stomach as he termed it; some constipation, which was relieved by anti-constipation pills. He did not suffer any pains at any time in the region of the stomach. Little or no pain at the the present time in that region. Liver seemed to be in very good shape, tongue not very much coated, but somewhat fissured. During the last year he has had more headache, more gastric distress and more constipation. As a rule, his appetite was pretty fair, only when troubled with an over acid condition of the stomach. At present there is more or less of a tympanites of the stomach; does not vomit at any time. Several doctors have examined the young man and made a diagnosis of gastric catarrh, for which they have prescribed almost all the usual remedies.

When I first examined the patient I diagnosed it as a case of gastric catarrh with a relaxed condition of the muscular wall of the stomach. I first commenced the treatment by the use of the stomach tube. Using the tube before retiring and at an early hour before breakfast.

For the medical treatment I used the following:

℞ Hydrochloric acid dilute, ʒii.
Saccharated pepsin, ʒiij.
Fowler's solution, ʒiss.
Aquae q. s. ad. ℥iij.

M. Sig. One teaspoonful half hour before each meal in wineglass of water.

After meals I gave strychnine nitrate, grs. 1-60. In a few days after the stomach tube was used the bowels were very regular, and have been in a splendid condition ever since. Have heen using the stomach tube since Sept., 1898. Have changed the medical treatment according to indications, especially in the strychnine. Have had the man on very light nutritious diet. Am now using the tube once daily, and am giving him taka-diastase. (Parke, Davis & Co.) If this does not make some change in his case I don't know what more I can do for the man. Will some one please aid me in the diagnosis and treatment.

M. F. Parrish, M. D.,
Monroe, Ind.

ENURESIS.

Recently I was called upon to prescribe for two boys, eight and ten years respectively. Everything had been tried, including whipping, to break up the "habit" of wetting the bed at night, and one of them also his clothing in the day time. It occurred to me that sanmetto would be worth trying, and to the delight of everyone concerned it has been perfectly successful; and now for the past six months and twelve months respectively, these boys have been entirely cured of this unfortunate "habit." Undoubtedly the trouble was due to irritability of the prostate and mucous membrane of the bladder; hence the prompt and permanent relief afforded by sanmetto. I have written these few lines hastily, calling the attention of the profession to these cases, with the hope that others will try the same remedy for the same "habit."

Some years ago my attention was called to sanmetto as a remedy for troubles of the genito-urinary organs, particularly in men past middle life, and I have had some very gratifying successes with its use.

James A. Stewart, M. D.
Baltimore, Md.

The Wisconsin Medical Recorder.

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J. P. THORNE, M. D., Editor.

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Society news and reports and items of interest are gladly received

HALL & THORNE, Publishers, Janesville, Wis.

Small-pox is appearing in various parts of the country and in some places to an extent that is alarming. The sentiment against vaccination which has been cultivated assiduously by the adherents of the various fads of the day and the opposition which they have made to compulsory vaccination, has resulted in quite a per cent. of the population being unvaccinated. Under the existing condition of affairs an epidemic of small-pox would not be strange. If the benefit of any one measure has been demonstrated, it is the thoroughly established fact that vaccination prevents variola. There soon must come a reaction in the public mind in this country which will cause vaccination to be thoroughly performed in every community. The appearance of small pox in England has already caused a change of public opinion there so that compulsory vaccination, which was abolished some months ago will be re-established. The poor vaccine points which have been furnished in the past have often infected patients and thus caused prejudice against vaccination, but happily that is now a matter of the past. The aseptic glycerinated vaccine now supplied in sealed tubes insures safe and successful vaccination.

The "eigons" are a number of compounds introduced by Dr. Karl Dieterich. Alpha-eigon is a light brown, odorless and tasteless powder containing 20 per cent. of iodine. It is for external use and clinical reports have shown some very good results from its use in dermic diseases. Alpha-eigon-natrium is a nearly colorless, odorless and tasteless powder for internal use where an iodide is needed. Beta-eigon is iodized peptone where such a form is needed as in weakened digestive conditions,

Many new remedies are being constantly brought before the attention of the profession. Some of these prove to be of decided value and others worthless but the modern practitioner must be on the watch for the useful ones. The Recorder publishes notes monthly on new remedies, which promise to be of value, both those made in this country and in Europe.

Some of our subscribers are taking advantage of our offer to bind last year's Recorders. The volume contains much practical matter by good writers, which is useful for reference. We will bind the volume in black leather and cloth for 65 cents and return the volume by prepaid express or mail. The unbound numbers for 1898 can be mailed to us, for 8c.

We have added a number of new names to our staff of contributors, who will furnish original articles of interest and value.

H. V. Parke, of the well known firm of Parke, Davis & Co., of Detroit, died Feburary 8th.

GLEANINGS

FROM RECENT MONOGRAPHS.

In this department we present some of the good ideas from late monographs, of which we receive a great many, some of which have never been published in a journal. We invite medical authors to send us copies of their monographs; while our space does not permit us to refer to all the valuable ones received, yet we shall mention as many as possible. We invite our readers to discuss in the pages of the Recorder, the ideas here presented.

The Early Diagnosis of Cancer of the Stomach, by Chas. D. Aaron M. D., Detroit, Mich.

We have received a number of able and interesting monographs on the diagnosis and treatment of stomach diseases by Dr. Aaron, who is an instructive writer on these subjects. We glean the following points relating to cancer of the stomach, which will especially interest some of our readers:

If our treatment of cancer of the stomach shows poor results, it is due to the fact that the medical practitioner usually does not make his diagnosis early enough, and when the surgeon is called, he finds a disseminated mass instead of a circumscribed tumor to be extirpated. When we take into consideration that .5 to 2.5 per cent. of all deaths and 35 to 45 per cent. of all cancers are of the stomach, it is time that more attention be paid to an early diagnosis. It is because the average physician neglects a more detailed examination and resorts to bismuth and pepsin, that cancer of the stomach has been allowed to attain such development as makes an operation practically useless. What, years ago, Brinton said of cancer of the stomach, is still true today. He said, it is obscure in its symptoms, frequent in recurrence and fatal in its course. In spite of the progress made in the diagnosis of stomach diseases, the therapy of cancer of the stomach remains the same, namely, early extirpation. But when a large tumor can already be felt in the epigastrium, it is usually too late to operate, since then the surrounding tissues are involved by metastasis.

It is unnecessary to wait for the cachexia, edema, of the joints, enlargement of the glands, fissured tongue, emaciation, obstinate coffee-ground vomit, insomnia, vertigo and the palpation of a tumor to make a diagnosis of cancer of the stomach. No surgeon can give us a good result after these symptoms have already appeared. It must not be forgotten that, in a number of cases, the liver prevents us from palpating a growth of the pylorus until it is quite large. It is frequently found that the fenestra of of the stomach tube is filled with small particles of clotted blood. Professor Ewald regards this as an indication of carcinoma, even though a tumer is not yet palpable. These particles should always be examined microscopically, and if cancer cells are present, our diagnosis is verified, but if absent, we can only suspect it. A diagnosis of cancer of the stomach can usually be made several months before the tumor becomes palpabie.

The following points may be looked for: 1, a stubborn case of stomach disorder appears, in a person (say between 35 and 60 years) who was formerly in good health; 2, loss of weight and flesh; 3, vomiting occurs often; 4, a test breakfast proves that free hydrochloric acid is absent; 5, there is a stagnation of the stomach contents; 6, lactic acid is shown to be present in abundance; 7, a microscopic examination shows that long thread bacilli are present. Cases are repeatedly reported abroad in which, after a diagnosis of cancer made by the above symptoms, exsection of the pylorus was performed and the cure of the patient achieved.

ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

The plague rages in India, 1000 deaths per day are now reported in Bombay.

During 1898, 8,138 bodies were received at the morgue in New York City.

The Chicago concern which has been selling diplomas has had its charter revoked.

The obstetricians who use the elastic funis ring never have any hemorrhage or sepsis of the umbilicus.

Vanadin is the name of a new preparation which is a solution of a vanadium salt with sodium chlorate. It is recommended in tuberculosis in doses of 6 to 30 drops daily.

Dr. Willis King, of Kansas City, Mo., claims that syphilis originates from cancers, that it is evolved in disintegrating cancerous tissue and any abraded surface which comes in contact, will be infected with primary syphilis,

The following is recommended in influenza:

℞ Quinine salicylate, gr. 3
Phenacetin, gr. 2¼.
Camphor, gr. ⅓.

M. Three to six powders in twenty-four hours.

Chicago has just opened a new hospital for consumptives, which will be open to the poor of Cook County. The building has accomodations for 350 patients and cost $75,000. An institution of this kind would be of general benefit to every large city.

The violent action of chrysarobin has always been an objection to its use but recently a preparation, known as oxidized chrysarobin, has been introduced. This promises to be efficient in skin diseases where chrysarobin is indicated, with the extreme irritation. It is said to be as efficient in psoriasis as the old form.

The city authorities of Wurzburg, Bavaria have taken action to have the teeth of poor pupils of the public schools examined, and cared for free of cost, provided the parents give their consent. If this experiment proves a success, ear and throat diseases will be treated in the same manner.

The indiscriminate use of rat poisons containing arsenic should be prohibited. We have known of a number of serious consequences as a result of this practice. Recently the daily press presented a case which demonstrates forcibly this fact. A family placed rat poison containing arsenic in the cellar and the rats tracked it upon apples in the cellar. The family all ate of the apples and were all sick and one child died.

In gastro-intestinal disorders of whatever origin the administration of bisol, a soluble bismuth salt, is attended by the best results. It is of great service also in the diarrhoea of typhoid, of phthisis and in dysentery. As it forms a perfect-

ly clear solution, the remedy is specially applicable in pediatric practice. It also forms a ready means for preparing a more powerful tannate, or salicylate of bismuth than has been available heretofore.

To destroy pus and prevent its formation, the antiseptic solutions known as camphoroxol and menthoxol are unsurpassed. Peroxide of hydrogen alone acts for but a limited period, whilst these newer products presses a more powerful and a more lasting antiseptic action. They are harmless and non-irritating. Applied on gauze as a wet dressing healing is promoted, the growth of healthy granulations stimulated. The solutions keep well and retain their activity for a long time.

The other day, the superintendent of one of the largest city hospitals in this country, said to a representative of The Imperial Granum Company, the manufacturers of the reliable dietetic preparation, imperial granum: "It is not necessary for your firm to send any one here to tell me about their product for I have used it both in private and hospital practice for over twenty-five years, and can hardly believe that even the youngest members of the profession do not know of the merits of this well known and well liked food for invalids and convalescents."

At a meeting of the Medical Society of the District of Columbia, Dr. A. B. Storch read a paper on the function of the vermiform appendix. The National Medical Review reports the paper from which we take the following which will be of interest to all:

1. The appendix is not a functionless or useless organ. It produces a quantity of tenacious mucus to lubricate and stimulate the cæcum and in thus facilitating fecal movements prevents impaction of the cæcum.

2. The current of this tough mucus is towards the gut, hence the seeds and other foreign bodies cannot enter the appendix in opposition to this movement as long as this organ is in a healthy condition.

3. From various causes perforations of the appendix may occur. The current of mucus is then reversed and flows inwards and small bodies in the cæcum or colon may be drawn into the appendix, or even be carried into the abscess or peritoneum without being the real cause of the perforation.

4. The general and indiscriminate excision of the appendix so frequently practiced nowadays under the belief of its uselessness and danger may be followed by grave results to the human system, such as impaction of the cæcum, torpor and constipation of the bowels, dyspepsia, etc. Therefore let us save the appendix if we can.

Dr. James H. Etheridge, the well known Chicago physician, died at his home Feburary 9, of aneurism of the heart.

Dr. Etheridge was born at St. Johnsville, N. Y., March 20, 1844, his father being a surgeon in a Minnesota volunteer regiment during the war. His ancestors were all of New England stock, and from his boyhood Dr. Etheridge resolved to study medicine. His early education was received in New York state, and at the outbreak of the war Dr. Etheridge was ready to enter the junior literary class at Harvard College. On account of his father's absence in the war he changed his plans and came to Chicago and took up the study of medicine in Rush Medical college. He was in the class of 1869

of that institution, and his practice for the first two years was in Evanston. After spending two years in a tour of Europe he took up his permanent residence in Chicago in 1871 and became a lecturer on materia medica and therapeutics at Rush. Soon after that he was offered a regular professorship and filled the chairs of materia medica, therapeutics, medical jurisprudence, gynecology, and obstetrics.

Until 1891 his practice was general, but after that time he made a specialty of gynecology, and was one of the gynecologists of the Presbyterian hospital and of the Central Free dispensary; as well as the Chicago Polyclinic hospital.

He was a member of the Chicago Medical society, the Chicago Medico-Legal society, and the Gynecological society, and became president of the latter society in 1890. Other organizations of which he was a member are the Illinois State Medical society, the American Gynecological society, the International Medical congress, and the International Congress of Obstetricians and Gynecologists. During 1887 Dr. Etheridge was president of the Chicago Medical society and was a frequent correspondent for the medical journals.

Dr. Etheridge was a member of the Presbyterian church and married the daughter of Herman G. Powers. His wife and two daughters survive him.

During recent years there has been a tendency in medicine to prefer the use of active principles to that of crude drugs, and accordingly, after attention had been drawn to the many disadvantages of creosote, efforts were made to isolate its active principle, guaiacol, and employ this as a substitute. It was soon found, however, that guaiacol was but very slightly less irritating and toxic than creosote itself, but, as in the case of creosote, this difficulty was overcome by combining it with carbonic acid in the form of a carbonate. Guaiacol carbonate, or duotal, appears as a white, crystalline powder of a neutral reaction, insoluble in water, tasteless and odorless, and containing about ninty per cent. of pure guaiacol. It passes unchanged through the stomach, and is slowly and gradually decomposed along the length of the small intestine. It is probable, however, that in conditions of fermentation in the stomach a certain amount of duotal is set free and exerts a bactericidal effect. In view of its slow and gradual absorption by the intestinal mucosa, no accumulation of the drug takes place in the system and hence the toxic effects of creosote and guaiacol are completly absent in this remedy. The mode of action of duotal in the system is analogous to that of creosote, viz., it distroys the toxic albumins resulting from the life action of the bacilli of tuberculosis, and thereby removes the disturbances due to these poisonous substances. It also promotes a return to health of the pulmonary tissues by increasing their resisting power to the attacks of the bacilli. Locally, in the intestinal canal, it manifests a powerful, yet non-irritating, antiseptic action, destroying pathogenic organisms and their toxic products.

In the treatment of la grippe, many physicians have found the iquinin remedies of great value. Generally the attack finds a constipated condition of the system, and the laxiquinin administered in doses of one to three tablets every two to four hours, according to the age of the patient or the urgency for purgation, will bring prompt results. The aching, distressing break-bone pains will be relieved

at the same time that the purgation is being accomplished. After free evacuation of the bowels, the iquinin may be given in doses of one to two tablets every two to four hours, according to the age of the patient. This should be continued in diminishing doses for several days. After the subsidence of the acute symptoms a severe case of la grippe leaves a fearful depression of the nervous system, and potent tonics are indicated, and no better can be found than the toniquinin tablets, one tablet three times a day. This may be be given for from one to five weeks as the case may require. Simple cases are often promptly relieved, and promptly cured by several doses of laxiquinin alone.

Dr. R. C. Kenner in an article on eczema, in the Chicago Medical Times, says: The treatment of eczema is never correctly adjusted unless the local treatment is properly looked after. But still constitutional measures are of great importance—but we must not lose sight of a fact that is now generally admitted by all dermatologists—that no treatment of eczema will be successful unless local and constitutional treatment are both given due prominence in our prescriptions—and that these must be correct if they give us results. Regarding the remedies which it is necessary to give internally we must look for constitutional dyscrasia. If we find anything whatever lacking treatment, it should be our concern to give adequate treatment. Anæmia must be looked for. The uric acid diathesis is a factor which aggravates eczema and frequently stands in a causative relation to the affection. Rheumatism and dyspepsia are also causes which must not be lost sight of. In a word, we will fail to be successful just as we neglect to get at the merits of the case, or the skill which we show in finding out all about our patient. I have found anæmia and malaria to be at the bottom of a great many cases. To reach these cases iron and quinine in moderate doses, and continued for a long enough time always led to good results when conjoined with proper local treatment. We should then give whatever constitutional treatment the case may seem to demand. Where there is scrofulous taint we will find nothing better than the alterative compound of the late immortal J. Marion Simms, and it has the confidence of the profession. Echinacea and berberus aquifolium are proven to be specific. In other cases, especially in purulent forms and where the case is inclined to become chronic, nothing can be more valuable and appropriate than the regular employment for a considerable period of calcium salts and the bromides in small doses. But as stated above, all cases will have to be given proper local treatment or the patient will be mercilessly racked with itching, and we will not only fail to give relief but our patient will go elsewhere for treatment. As a local application for all forms of eczema there is no remedy that will give us better results than noitol—which relieves the pruritus and exerts an antiseptic and curative effect on the diseased surface. This remedy, now generally employed by the leading dermatologists, exerts no poisonous action, and it is a lotion—and does not have the soiling and greasy action of an ointment. Ointments now being refused by many patients who find them inconvenient in the hot months and giving annoyance in winter by ruining and soiling clothes.

Dr. Charles A. L. Reed, of Cincinnati, has attacked the unfounded assumptions of christian science in a manner that its advocates seem unable to answer. A

letter by Mrs. Eddy, in the New York Sun was taken up by Dr. Reed, in the Sun of January 1, and, as yet, neither Mrs. Eddy nor her followers have attempted an answer. The following from Dr. Reed's letter is certainly to the point:

Mrs. Eddy comes into the arena with her characteristic bravado and challenges the world to prove a negative. She blissfully closes her eyes to the fact that she has not proved the positive. On the contrary her self heralded wonders rest entirely upon her own unsupported declaration, and that to me and to a great many other people is worth absolutely nothing. She should remember that even people who are not the victims of vagaries such as hers, and whose every day utterances do not toy so confusingly with the eternal verities as do hers—even such people are expected to bear the burden of proof when they seek to tax credulity. I therefore demand the proof of this high priestess, and that the issue may be clearly drawn I shall take up a few of her declarations, seriatim:

Mrs. Eddy says: "I healed consumption in its last stages * * * the lungs being mostly consumed."

I denounce this declaration as false, and challenge its substantiation by competent and disinterested testimony.

Mrs. Eddy says: "I healed carious bones that could be dented with the finger."

I denounce this declaration as false, and challenge its substantiation by competent and disinterested testimony.

Mrs. Eddy says: "I have healed at one visit a cancer that had so eaten the flesh of the neck as to expose the jugular vein so that it stood out like a cord."

I denounce this declaration as false, and challenge its substantiation by competent and disinterested testimony.

When Mrs. Eddy speaks of "malignant tubercular diphtheria" as among her cures, she, by her own phraseology, proclaims her utter ignorance of one of the most dangerous of diseases, now nearly bereft of its horrors through the beneficence of modern medical science—a disease chiefly of defenseless childhood that she and her fanatical followers would sacrifice upon the altar of their tragic egoism.

But if Mrs. Eddy has done all of these wonders she can do them again. If she is devoted to humanity in the altruistic fashion that she proclaims, she will not hesitate to demonstrate her alleged "science" under circumstances that will give it the widest possible influence. To this end, if she will come to Cincinnati, I will place at her disposal cases of "consumption," cases of "cancer," and cases of "carious bones." She shall have them under observation for such time as she shall determine and she shall dictate all details of their management. They shall, however, be under the daily observation of a competent and disinterested person of my choice, but who shall have no voice in their management, and who shall visit them only in her presence. If she, by her christian science, shall cure any of them I shall proclaim her omnipotence from the housetops, and if she shall cure all or even half of them I shall cheerfully crawl on my hands and knees that I may but touch the hem of her—walking dress. If it will be more to the convenience of Mrs. Eddy and she is not disposed to honor us with a visit, I shall take pleasure in endeavoring, through my friends, to make a similar arrangement for her at Bellevue or some other New York hospital. If Mrs. Eddy will accept this challenge and cure one or more of the cases, she will thereby demonstrate that she may be something more than either a conscienceless speculator on human credulity or an unfortunate victim of egotistic alienation.

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This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

GLAUCOMA; ITS SYMPTOMS, VARIETIES, PATHOLOGY AND TREATMENT. By Alex. W. Stirling, M. D., C. M. (Edin.); D. P. H. (Lond.) Atlanta, Georgia. With Illustrations from Micro-Photographs. St. Louis, Jones H. Parker, 185 pages. Price $1.00.

Glaucoma, which forms about one per cent. of all the diseases of the eye, is a subject of great interest to the ophthalmologist, an interest which ought to be shared by all practitioners of medicine, because, unfortunately, its symptoms so closely simulate other diseases, that it is by no means an uncommon thing that their true origin is overlooked, with the unhappy result that valuable time is wasted, or improper remedies applied; so much so, indeed, that vision is frequently gone beyond recall before a correct diagnosis has been made. This is a condition of matters which every ophthalmic surgeon of any experience has had frequently to deplore, for a tentative diagnosis is usually easy without an ophthalmoscope, and all that is wanted is that the practitioner bear in mind, firstly, that there is such a disease as glaucoma, whose symptoms may much resemble rheumatism and neuralgia of the head and face, including the teeth and ear, sick headache, as well as some common forms of inflammation of the eyes, and that it is sometimes attended by fever and vomiting; that atropine is not a panacea for every ocular ill, but on the contrary is harmful in many, especially in glaucoma, and should never be used except with full understanding of its action in the disease for which it is employed; and thirdly, that he make himself acquainted with the resistance, or "tension," of healthy eyes when palpated as for an abscess, and remember that in glaucoma this tension is greater than normal. If attention is paid to these points glaucoma will seldom go undetected, for, in chronic cases, in which all active symptoms and high tension may be in abeyance, the visual symptoms draw the attention of the patient and the surgeon in the right direction.

The above, from the opening chapter of Dr. Stirling's book, is suggestive and in accordance with what Dr. Pratt has written for the Recorder. Glaucoma is such an important disease that this book should be of unusual value to all practitioners. The book covers the subject thoroughly and presents a clear clinical picture of glaucoma. The treatment is clear, full and explicit and gives the management of the disease by prevention, internal remedies, myotics, electricity and operative measures. The book is well printed, nicely illustrated and finely bound.

THREE THOUSAND QUESTIONS ON MEDICAL SUBJECTS ARRANGED FOR SELF-EXAMINATION. Second edition, enlarged. Philadelphia, P. Blakiston's Son & Co., No. 1012 Walnut Street. Price 10c.

This little book has been prepared by a medical man, a teacher and a writer of experience, with special reference to the actual wants of the medical student. By its help the student can successfully quiz himself on all the important branches, or review any one subject in which he feels himself to be particularly deficient. As a rule the questions have been selected with regard to their bearing upon practical medicine, and are those most likely to be asked in the quiz class or examination room; at the same time there are, throughout the book, many unusual ones, thus giving the student a wide range of

thought, and making him generally conversant with all points connected with the matter in hand. In self-examination it is of great importance that the questions and replies should not be given in the same place; if they are, the student is tempted to slur over those he is unable to answer, or to cheat himself into the belief that he knows the answer before he reads it. There is also the tendency to learn by rote without the exercise of the understanding, so that, should the question be put in a different way the reply could not be given. To avoid these errors, and, should he wish it, to still refer the student to the correct reply, a system of references (explained on page viii) has been adopted, by which the student, with the least expenditure of time and trouble, can look up the subject in a standard book, and thus impress it firmly upon his mind.

Vick's Garden and Floral Guide for 1899. Jas. Vick's Sons, Rochester, New York.

This is the golden wedding edition of this well known manual on gardening and floriculture. This year's book contains 112 pages, filled with information and illustrations on the subject. Twenty-four pages of colored plates add to the beauty and value of the book. Everyone interested in any way in gardening needs Vick's Guide.

The Electro-Therapeutic Guide. By Wm. F. Howe, M. D., Ph. D., President of the National College of Electro-Therapeutics, Published by the Author, Lima, Ohio. Third Edition.

This is a small work, but it contains the substance of a large volume in its pages. The author in the preface says: "This little work is intended as a guide or aid to the correct use of electricity in the hands of the general practitioner. A physician who is obliged to cover the entire field of medical and surgical practice, cannot be expected to keep in mind all the little details of electro-therapeutic practice. The guide has been arranged in this form so that a busy practitioner may see at a glance the methods of application in any desired case. We believe that this guide will save much time and insure a more scientific and successful use of electricity in the hands of the average physician."

The nature, effects and application of faradic, galvanic and static electricity are so clearly explained that it would be profitable to most physicians to read the book. The treatment of different diseases by electricity is well presented; which form of electricity to use, which pole and how to apply are concisely given. This book is a veritable treatise on electricity in a nutshell.

The Book of Complete Information About Pianos. Wing & Son, 413-414, West 13th St., New York.

This book gives a complete history of the piano commencing with its ancient origin; it describes the first piano and its successors up to the elegant instruments of today. A detailed description of the construction of the piano is presented and directions how to care for an instrument. The book is profusely illustrated and is well bound in cloth. Much information is contained in the book of interest to anyone, but it is especially valuable to those interested in pianos. Those who contemplate buying a piano, no matter what make, should have this book.

Any of our readers can obtain a copy of this book free of charge by addressing the publishers, and mentioning the Recorder.

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ORIGINAL ARTICLES.

GLAUCOMA.

By J. A. Pratt, M. D., Aurora, Ill.

(Third Paper).

EXPLANATION OF SYMPTOMS.

The majority of authors hold that the other symptoms of glaucoma are secondary to the intra-ocular pressure. The swelling of the lids and conjunctiva, which is often present in acute cases, is undoubtedly due to a blood stasis, caused from a reaction of the vaso-motor nerves, by irritation of the sensory nerves of the eye. The increased pressure closes the vortex veins, thus engorging the anterior ciliary veins by the change of route.

The hazy condition of the cornea, which is frequently present, is due to the interference of the circulation of the lymph fluid of the cornea, which, holding the debris, changes its clear appearance. The halo, or rainbow, is more difficult of explanation. We have a great many theories, but it is generally conceded that it is due to a peculiar condition of the corneal epithelium, caused by increased tension. The insensibility of the cornea is caused by compression of the ciliary nerves.

The change of hue and appearance of the iris is due to a hyperaemia. The dilatation being caused by the increased pressure, yet there is no paralysis, as the iris reacts both to eserine and atropine. The greenish color of the pupil is due to the reflection of the light entering the lens, modified by the state of the cornea and aqueous humor. This is not peculiar to glaucoma, as it is often present in the old. Many a diagnosis of cataract has been given from this appearance, when a closer examination would have shown the error.

The shallowness of the anterior chamber is generally due to the pressure posterior to the iris. It may be caused from an extra large lens or a swollen lens. The aqueous and vitreous are apt to lose their transparency on account of the exudation from the blood vessels; this is also true in uveal inflammations.

The diminished size of the retinal arteries is due to the internal pressure which prevents the normal amount of blood entering the eye, while the veins being exposed to pressure at the optic nerve angle, have their outflow inhibited and so are engorged. In reference to a previous papillitis before cupping, authorities differ. If papillitis came before tension it would

have great importance as to the etiology of glaucoma.

Brailey and Edmunds conclude that neuritis precedes the increased tension in primary glaucoma. Gruening recognizes an early congested disc. Knies has written, "among the earliest and most characteristic appearances, I found marked hyperaemia and oedema of the entrance of the optic nerve." Fuchs voices the same opinion. Bitzos asserted that, "the fundamental picture of primary glaucoma is glaucomatous papillitis," and again, "that optic neuritis is a very early lesion of glaucoma, forming the only constant lesion,"

In 167 cases of simple glaucoma, reported in the clinic books of Norris & Oliver, at the Wills Eye Hospital, Philadelphia, "an inflammation of the optic nerve is a constant attendant upon glaucoma, being noted in every eye containing a pathologic excavation. It manifests itself as a low grade neuritis, affecting the entire structure of the nerve and seems to render the nervous tissue more liable to the peculiar kind of excavation, which is the most constant characteristic of glaucoma." We must conclude that there is a papillitis present, but undoubtedly follows the first glaucomic symptoms, which are present before the eye is brought under observation.

We have two other forms of cupped discs besides glaucomatous,—physiological and atrophic. Physiological cupping is caused by the early separation of the fibers of the nerves on their way to divide up to form the retina. It is cone shaped and only occupies the center of the disc. These cuppings are always bi-lateral. The atrophic cupping is formed by the disappearance of most of the nerve structure in front of the lamina cribrosa. The cupping is shallow and saucer shaped, the whole of the disc being usually affected, and the perforations of the lamina cribosa are plainly seen.

In both the physiological and atrophic cupping the vessels can be seen their entire length, which is not true in glaucomatous cupping. In glaucomatous cupping there is a depressing of the lamina cribrosa, making the excavation deeper that the above. Its edges are undermined so that the vessels are lost to view as they curve under the edge. The disc becomes white compared with the other two. The cupping in the late stages has been known to fill up again with new tissue. MacKenzie was the first to notice the cupping, for in 1854 he said: "In this as well as in other cases examined after death, the optic nerves were flattened and atrophic."

The pain is due to the pressure on the ciliary branches of the fifth nerve, especially in the ciliary body and iris, the sensation being transferred to the other regions supplied by the branches of the nerve.

The increased tension is acknowledged by the best authorities to be caused by the hindrance of the outflow of the secretions of the eye. The advancing presbyopia results from the pressure interfering with the action of the third nerve on the ciliary muscle. The photopsia frequently complained of after the eye is quite blind is probably caused by the stretching of the retina, thus irritating the nerves.

The cause of the deterioration of vision, while not definitely settled is undoubtedly due to the pathological changes in the nerve fibers themselves.

(To be continued).

This country now has as good advantages for post-graduate instruction as Europe. The amount and quality of clinical work in the large cities of this country give ample material for demonstration. This last ten years has been marked by a wonderful advance.

A VAGINAL IRRIGATOR. THE HOT AIR BATH MACHINE.

By Ralph St. J. Perry, M. D., Farmington, Minnesota.

I want to call the attention of my brethren to an instrument which is known amongst some of the people who have been treated by me, as "Doctor Perry's Irrigator," for washing out the vagina. For years it had been patent to me that the common form of irrigator, or nozzle, as sup-

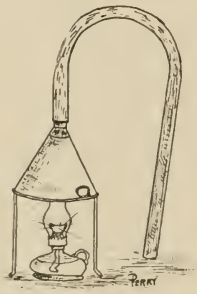
plied with the syringes in the market, was not the most convenient in the world; it was hard to insert, difficult to keep in place, and capable of doing damage in cases where there was a prolapsed uterus, tender and inflamed vaginal walls, a gaping os, or a lacerated or ulcerated cervix. Many patients would get the tip entangled in the hairs covering the vulva, or engage it in the labial folds; one case I know of where the tip slipped into the urethra, and quite serious results might have happened had not the patient been intelligent enough to realize that something was wrong. The ordinary tip must be held in position while in use, and because of its length and shape an awkward or rough person could easily lacerate a delicate cervix, perforate a thinned cul-de-sac, or unwittingly give an intra-uterine douche when it was not advisable. To obviate these troubles I sought another form, and in so doing the idea occured to me that Nature had never intended that syringe nozzles, irrigators or any other instrument made by the hand of man should enter the vagina. There is only one instrument which was created for that purpose and that was fashioned by the Great Creator, who saw fit to make this instrument the same shape in all of the mammalia. It is the general experience of the world that this instrument can easily enter the vagina no matter what the position of the parties; it can be used in the sitting posture, standing up, lying on the back or face, in the genu-pectoral position, or when lying on either side. For general all-around adaptability it seems unexcelled, and from the time of Adam up to date no one has seen fit to improve thereon.

Quite naturally the question came into my head, why not model an irrigator after this bit of handiwork of the Creator? And no sooner was the thought born than the plan was carried out with the result which you see here illustrated. The glans-shaped tip is closed at the apex, but immediately back of this is a series of perforations which throw the fluid diagonally forwards, at the corona is a circle of holes directed straight outward, while in the recess under the corona are other holes which direct the injection backwards. The tip is mounted on a short stem to which the rubber pipe from the syringe is connected. Experience has proven that this irrigator will glide over the pudendal hairs and labial folds, slipping into the vagina without an effort; the corona arrangement prevents its slipping out and makes it self retaining, while the fact that it is short, blunt, and attached to the end of a flexible tube prevents its being jabbed through

any tender or inflamed tissues, and it is too large to be forced into the urethra or the cervical canal. It can be made of glass, hard or soft rubber, celluloid or metal.

* * *

Just now there is being created quite a demand for hot air baths, and everyone is being importuned by agents and manufacturers to invest in a bath cabinet. This is no doubt a good thing, but I can see no reason for a doctor sinking several hard earned dollars into a bulky, cumbersome outfit when with a funnel and a few feet of old garden hose he can construct an A No. 1 apparatus of his own, which can be carried anywhere and can be used with greater ease and comfort than any other contrivance I have yet seen. The idea



is one which I have used for a good many years, and have threatened to get out a patent on it several times, but "cooler counsel" has always prevailed, and now I don't care who uses it. As most persons needing a hot air bath or "sweat," are confined to bed or will go to bed immediately after the treatment, the beauty of this machine will be acknowledged when it is seen that the bath or sweat can be administered while the patient is in bed, thus obviating any worry or trouble of moving in and out of bed, and avoiding all danger of exposure to the cold or other adverse influences.

To make this apparatus, take an ordinary tin funnel of large size, the pieces of which have been riveted together, and four or five feet of common garden hose in which there are no bad leaks. Small leaks can be patched with rubber cement and electricians' or bicycle dope, or a bit of rubber adhesive plaster. To the funnel have the tinsmith rivet three legs of galvanized iron, as shown in the cut, so that its base is held about twelve inches above the floor, the toothed edges keeping it from being pushed out of place by the "spring" of the rubber hose. To use the machine, place one end of the hose under the bed covers, between the sheets, and make the other end fast to the neck of the funnel by forcing it on slightly. Now set a lighted lamp under it so that the top of the chimney is an inch or so inside the cone. If the lamp be a low one put a book under it, if it be a very high one place books or bricks under the legs of the funnel. Watch the lamp closely for a few minutes after lighting to see that it has plenty of air, does not smoke or otherwise misbehave. By this means I have given hundreds of hot air baths, the patient can enjoy one without worry or bother, and can roll over and go to sleep at any time when the disposition comes on.

This apparatus also comes handy in cold weather for warming up beds for invalids, weakly persons or tender children.

SERUM THERAPY: WHY DO YOU ACCEPT IT?

By W. H. Smith, A. B. M. D., Shell Rock, Iowa.

The old humoral pathology gave us some insight into the problem of disease, but it was not comprehensive enough and the germ theory was hailed with enthusiasm, different attitudes being taken by writers in approaching the subject of bacteriology,

and in the production of immunity in disease by serum therapy. As claimed, and quite generally accepted, the microbe origin of a long list of diseases is practically demonstrated, including cholera, diphtheria, erysipelas, influenza, pleuro-pneumonia and pneumonia, tetanus, typhoid fever, tuberculosis, etc., and in view of the great importance this subject bears to practical medicine it would not be out of place to devote a few thoughts to this question, asking ourselves, "why do you accept it?"

If a man asks you your religion, your politics, or your school of medicine you very glibly tell him. But when he asks for the reasons of your faith, nine times out of ten you hesitate. The blush comes to your cheek, you are lost for some logical argument with which to defend your views. You realize vaguely that you really know very little about the principles which you espouse, and that your advocacy of doctrines and support of policies have been only lazily accepted without investigation, and whether true or false savors of intellectual dishonesty. You answer your inquisitive friend in questions medical, by saying that you have never given much thought to the subject, or, lamely, that they are detailed in our most recent publications, or that Prof. so and so has thus demonstrated and no one will presume to dispute his eminence nor the weight of his opinion. If you are not thinking for yourself, and instead of a logical conviction, acting under the dictum of others, you are conscious of a shock. No intelligent man would give such blind adherence to any question which affected his material welfare, and yet any method, doctrine or practice which tends to perpetuate mystery and to restrict thought is accepted both collectively and individually. Is it not well to pause now and then and ask ourselves why we accept that? The majority of people hold various beliefs because they have imbibed them without any individual reasoning process. Is it not true that disease is the result of anything which causes a disturbance of physiological equlibrium, thereby developing a necrotic matter within the system; a foreign body subject to putrifactious changes? Is it not true that putrifaction is a process which complex bodies undergo when subject to the proper conditions of heat, moisture and air, and no longer controlled by the laws of vital chemistry? Nitrogenous or albuminoid bodies are essential to this process, in which they play the double part of being themselves decomposed, and by an imperfectly understood action called catalysis, exciting allied changes in other bodies. The growth of living infusorial organisms holding a very low position in the scale of animal and vegetable life called vibrios, bacteria, microbes, etc., is a frequent but not invariable accompaniment of this process, in fact, is still unproven how essential they are in its production. In diphtheria it has been proven that the Klebs-Loeffler bacillus is not always present and quite as apt to be found in the healthy throat as in one suffering from the disease, and that we often find these bacilli mixed with others, especially certain micrococci which indicate other inflammations of the membranes on which they are found.

The role which micro-organisms play in diphtheria is equally true in pneumonia and other allied diseases. Recent bacteriological investigation shows that quite an number of organisms are found associated with pneumonia. Netter gives the bacteriology of over forty primary cases, in which Freidlander's capsuled coccus or pneumo-bacillus was found in ten; streptococcus in eight; staphylococcus in five; Frankel's capsuled coccus in two; mixed infection in which was found

pneumoccus and streptococcus in five; streptococcus and staphylococcus in five; streptococcus and capsuled coccus in three; pneumococcus, streptococcus and staphylococcus in two, and capsuled coccus and pneumococcus in one. Other investigators who have studied the different forms of pneumonia, have arrived at the conclusion that it is no one organism that causes the disease, but two and sometimes more are found, while many primary cases contain no organisms, which plainly proves that the disease has other than a microbic origin for its infectious nature. If we believe that infectious diseases are caused by germs, prophylaxis becomes impracticable. Germs surround us everywhere. One mistake entangles us in an intricate web of error. The antitoxin treatment of disease naturally follows germ pathology, and is an open declaration of the impotence of medical science. The promulgation of the germ theory has evolved a therapy but a few removes from the manipulations of the osteopath, or the incantations of the Christian Scientist.

Toxic substances are normally produced in the body, but in a state of health these poisons are disposed of by the eliminating organs without friction. The toxicology of the body, the process by which these poisons are produced, the manner of their action and the nature of their disease manifestations are important to consider. Indigestion, mal-assimilation and dificient oxidation result in a multiplicity of organic or inorganic poisons, which give rise to disease, the nature depending upon the character, virulence and amount of the poison together with the susceptibility of the various organs of the body. There can be no doubt that the presence of animal alkaloids as leucomaines, ptomaines, and other body poisons will cause a variety of acute and chronic neuroses. To prevent and cure the diseases of auto-intoxication does not lie in the administration of serums to kill the bacteria, but to prevent the formation of these poisons through appropriate dietetics, hygiene and remedies which improve digestion. To-day we have the finest pharmacopea in the world, an abundance of clinical material, great natural intelligence and energy, every facility for progress if we will restrict ourselves to true methods, to the study of vital chemistry and practical therapeutics.

When we cease to progress in the utility department of therapeutics it practically decides the measure of our professional worth and success. "So read and let your judgment and your honesty, your skill and learning be shown, that you may sit as experts in the temple of justice and, crowned here with the confidence of the people, you may hereafter happily join those whose lives were committed to your care."

DOCTER JIM.

By Bill Baxter, Janesville, Wis.

If thar's a man eround this burg thet
don't know Docter Jim,
I jocks he don't know what he's missed,
an' folks shud pity him.
Fer Doc he's practiced 'round erbout
fer over thirty year,
An' thar's many a feller peggin 'round,
that wouldn't now be here
If it heden't been fer callin' Doc ter
set some broken limb,
An' pull him out, as good as new,
when his chance wuz perty slim.
Now Doc don't brag eround ther town
an' tell what he can do,
But quietly goes an' does his best ter
pull a critter through.

He hez a sort uv healin' smile on his
brown old honest face,
An' patients feel he brings along a few
more years uv grace.

An' Doc he's done a sight uv good a docterin' ther poor,
An' many a heart hez beat with joy when he pushed thro' their door.

An' when they'd go to pay their bill, why Doc he'd start to grin,
"God bless yer heart, my child," he'd say, "it ain't worth mentionin'."
Doc he's sort uv careless like, cause his practice is so large,
An' it isn't over half ther bills he ever thinks to charge.

I've an inkerlin' sort uv notion thet more then half ther time
He fergits 'em jest on purpose, like he does sometimes with mine;
An' many times I've known uv him when folks they coulden't pay,
Ter say "well, never mind, my child, perhaps there'll come a day.

"An if there don't it's jest as well, I guess I'll get along."
An' then he'll crack some funny joke, er hum some pleasant song.
Now, Doc, he may look sort uv rough, but he's gentle as a lamb,
Unless yer kinder get him riled, an' then he might say d——n.

An' if yer did impose on him, an' git ter treddin' on his toes,
Ther chances are (once on a time) yer'd get a bloody nose,
Fer Doc wuz clever with his dukes, but thet wuz years ago,
An' a few uv us old-timers here, ter our sorrow know it's so.

An' dogs:—well gettin' down ter dogs, there's Doc's weakest pint,
An' many a one hez dug fer flees around Doc's humble jint.
An' he warn't pertickler nuther ezactly ter ther breed,
Pointer, setter, hound er pug, they all uv 'em agreed.

Ther bill uv fare that Doc sot up wud any kennel grace,
An' all would run ter lick his hand an' watch his smiling face.

I've seen him mendin' up a dog thet hed a broken leg,
An' heard it whine an' look at Doc 'an seem to sort uv beg
Fer Doc ter pull him through, an' cry most like a child,
Then Doc ed talk an' comfort him 'an git him reconciled.
Doc likes ter fish, an' loves ter hunt, an' is handy with a gun,
An' many a deer thet he hez bagged an' dropped 'em on ther run.
An' shootin' turkeys at a match, Doc's aim is good an' true,
An' most ther turkeys Doc ed own when ther shootin' match wuz through.
Doc hasn't nary chick ner child, an' it allers seemed ter me
Thet Doc wuz jest ther kind uv man ter raise a family.

We need a few more uv his kind, we need sich men erbout,
We can't afford ter lose sich men, ner let their stock run out.
I don't ezactly know ther church ter which Doc does belong,
But a man thet does so much thets good ain't time for much thet's wrong.
An' no matter if he hez no creed, when ther angels hear him knock,
Ther Lord 'ell make 'em let him in, He needs sich men as Doc.
Now Doc is perty large uv heart, an' it's in ther proper place,
An' through his many years uv toil yer cannot find a trace
Uv any mean or dirty act in which he tuk a part.
Why, darn it all, ter sum him up ther critters most all heart.

* * * * * *

I see him not, in fancy's form, he's with us here to-day,
I hear his voice, I see his form, I watch his manly way;
And in the years of long ago, when first I knew of him,
I found him then, I find him now, the same kind hearted Jim.

ALKALOIDAL THERAPEUTICS

This Department is conducted by A. L. Blesh, M. D., 709 W. Noble Ave., Guthrie, Oklahoma. Original articles, reports and notes on dosimetry are desired for this Department.

ALKALOIDAL THERAPEUTICS.

(Fifteenth paper).

By A. L. Blesh, M. D., Guthrie, O. T.

RHUS TOXICODENDRON.

Rhus toxicodendron—the standard granule is made from the green tincture and contains minim 1-10.

To the reader unfamiliar with alkaloidal literature the use of this drug as a remedy will sound very strange indeed. Everyone is more or less familiar with it because of the peculiar erythema it induces with some people who come in contact with it. It would seem to the thoughtful observer that an action so decided might be used to advantage therapeutically.

The true physiologic basis of this action is not known, but from the rapidity of its genesis it is not unlikely that it will be found ultimately to be by and through the nervous system. It is true that it is the most efficient as a remedy in diseases of the nervous system.

Rhus tox. is a remedy sometimes capable of doing wonders with a stubborn case of chronic rheumatism, sciatica or neuralgia. Its therapeutic action is by no means certain although it is generally quite possible to elicit its physiologic action, such as redness and puffiness of skin, especially about the face and eyelids. It sometimes irritates the stomach and should always be well diluted.

Although as stated above, it cannot always be relied on in a remedial way, yet it often enough works such remarkable cures in cases of chronic sciatica and rheumatism, that, when we have exhausted our usual remedies in a vain attempt to give relief, it should be tried.

For this purpose the writer prefers beginning with the minimum dose of one granule every two hours, gradually pushing it up until relief is obtained or pronounced physiologic symptoms are caused. The individual dose of this drug varies greatly, but one is always safe in thus beginning with the minimum dose.

It is highly recommended in the chronic, scaly, skin diseases such as eczema.

Its symptomatic indications are thus summed up by Dr. Adair, on page 464 of the '96 Alkaloidal Clinic: "I have successfully used rhus tox. for many years in rheumatism as well as various other affections in all stages. Pain particularly is not my guide, but the sharp stroke of the pulse, tip of the tongue showing small red points, that is, numerous papillae on top or edge of tongue, red and slightly elevated, there generally being fever and more or less inflammatory conditions and frequently local pains, sharp and burning."

STRYCHNINE.

Of strychnine there are the following preparations manufactured into granules and used by the dosimetrist: Strychnine arseniate, gr. 1-134 and gr. 1-30 of these two the smaller may be considered the standard. Strychnine hypophosphate, gr. 1-134; strychnine sulfate, gr. 1-134; strychnine valerianate, gr. 1-134; strychnine nitrate, gr. 1-67.

Strychnine is the active alkaloidal principle of nux vomica and is our motor excitor par excellens. Through its stimulation of the motor tract of the spinal cord it is the one rejuvinator of materia medica upon which the physician may rely with full confidence.

Strychnine is the remedy of diminutive dose but giant power upon which Burggraeve laid so much stress. Through its action upon the cerebro-spinal centers it energizes every function of organic life. For this reason it should always be combined with the depressants in all adynamic conditions. In this way aconitine and its congeners may be given to full effect with perfect safety where indicated, when otherwise it would be impossible or unsafe.

In combination with aconitine and digitalin it forms the valuable "trinity" of the lists, a happier combination than which this writer has not found.

Dosimetric alkaloidal medication has naturally assisted in dispelling certain suppositious, therapeutic incompatibles. For instance, it has been one of the dogmatic beliefs of the profession that strychnine and the mydriatic group should not be prescribed together because of this presumed physiologic incompatibility. There is no better way to dispel this illusion than to give your next patient who presents with an intestinal colic of the spasmodic variety, strychnine arseniate, gr. 1-134 and hyoscyamine, gr. 1-250, of each two together every twenty minutes until relieved. Give them in solution in hot water for prompt effect.

I have frequently used them for the same trouble hypodermically. In that case not wishing to resort to so frequent dosage the quantity is doubled and four granules of glonion, gr. 1-250 added. Frequently one such dose is sufficient to relieve a very severe intestinal colic. The after effect is so much pleasanter than when morphine is used that the patient is usually well satisfied.

The fact that strychnine will work in perfect harmony with the mydriatic group can be demonstrated in cases of collapse and shock when both should be given together hypodermically.

Strychnine, like nuclein can hardly be called a specific for any disease, but also like it is almost indispensable in nearly all. Whether there is laxity of tissue, adynamia, weakness of any tissue or organ or function frequently success will only follow the use of other remedies when preceded by or combined with full doses of strychnine. Strychnine takes up and holds with steady hand the slack while other remedies are doing the work.

In true spasmodic asthma strychnine should be pushed to full effect and held there at least for thirty days It will do more good than all other remedies combined.

As a preventive of post partum haemorrhage, given through the last months of pregnancy it stands without a peer. It is effective for this purpose because it energizes the uterine musculature, much as electricity would, only more permanently.

It is a respiratory stimulant that may be fully depended upon doing all that drugs can do. Its administration almost if not quite from the inception of capillary bronchitis of infants or aged is imperative. To wait until the abdominal type of breathing indicates that paralysis of the respiratory centers has begun is criminal negligence. With a proper use of strychnine arseniate, apomorphine muriate, potassium bichromate and nuclein, the death list of this formidable disease of early and late life can be reduced almost to zero if treatment is begun early enough.

Strychnine in some form enters into the composition of all the vaunted

"Bichloride of gold cures" of the alcohol habit. That it is a stimulant which will in large measure overcome the almost manical cravings of the periodic drinker cannot be gain said. When the cravings begin to be felt by the victim, the writer belives he could be saved the periodic spree if he were given a large hypodermic dose of strychnine nitrate, dose enough that he could feel it. It requires more under such circumstances. Possibly 1-15 gr. should not be exceeded as an initial dose.

As to the ultimate cure of these patients much depend upon circumstances the writer does not believe that the strychnine or any other remedy will permanently correct a constitutional defect either inherited or acquired. The cure of this largely depends upon the patient himself, backed up and supported by such therapeutic aid as the physician is able to offer him. For the lesions entailed by chronic alcoholism and the functional derangements there-to strychnine is useful.

The different salts of strychnine mentioned above differ slightly in action, as the acid base differs, but with the exception of the arseniate the dose of the others is so small that the action of the acid base is overshadowed by that of the strychnine alkaline base. So for all practical purposes the nitrate and the arseniate will arm one for all emergencies calling for the remedy. Of these two, the arseniate is by far the more frequently indicated. Every physician should not neglect getting upon intimate terms with strychninine.

VERATRINE.

Veratrine, standard granule, gr. 1-134. This alkaloid is obtained from veratrum sabadilla, and many other members of this botanical family.

Its action is not precisely that of veratrum viride, since the latter contains several alkaloids with differing physiologic properties. Jervine is a direct depressant of the heart muscle, and also a vaso-motor paralyzant. Veratroidine acts as a stimulator of the inhibitory cardiac nerves thus reducing the number of cardiac pulsations per minute. Jervine directly depresses the spinal motor centers.

Jervine and veratrine have many actions in common. The heart is slowed and weakened in action by both, by direct action. But veratrine also slows respiration through its influence over the respiratory center.

Nature, however, has thrown about this alkaloid, so potent for harm otherwise, a reliable safe guard. There is no record of a fatal case of poisoning from its ingestion. (U. S. P.) When ingested in what would be otherwise a lethal dose its emeto-cathartic properties manifest themselves and it is promptly ejected.

When given in large dose a marked lowering of pulse rate and blood pressure is promptly produced. Great physical weakness manifests itself and a cold free perspiration stands out in great beads all over the patient. It also acts as a depressant and paralyzant of the motor peripheral nerves but seldom affects either consciousness or the sensory side of the nervous system.

Therapeutically veratrine is indicated in all beginning inflammatory action of any organ or tissue. Sometimes it is necessary to guard its action with strychnine or digitalin or both. The writer seldom gives it alone but usually combined with aconitine and digitalin in what is known to dosimetrists as the defervescent compound granule. In this combination I have administered it to all classes of cases without fear of evil consequence.

Aconitine and veratrine together will lower temperature and quiet arterial excitement much more promptly and surely than with either

alone. Together they also reach both sides of the nervous system while either alone is one sided, i. e., aconitine acts on the end organs of the sensory side, and veratrine the same way on the motor filaments. When guarded by digitalin or strychnine there is in all materia medica no such potent means with which to combat inflammation. There is no question among those who have fully tested the matter, but that this combination of alkaloids will jugulate or abort beginning inflammatory action in the lungs or any other organ or tissue when given dosimetrically to effect. It will accomplish this fact safely. The writer has many times disappointed the gathering storm as it seemed surely about to break ln what we call a pneumonitis. There is no use naming it, my friends, it is your business and your duty to cure it before it becomes nameable. If you are called in time you are guilty of negligence if you do not.

Veratrine should be given in the same dose as aconitine as to frequency and dilution. Locally it is an irritant and requires free dilution when given internally.

Like aconitine it may be used as a topical application. It is irritant to the skin and must not be used on an abraded or denuded surface. The strength of it for this purpose should not exceed 20 grains to the ounce in ointment,

Veratrine is soluble in alcohol and should be so dissolved before being mixed with the ointment base. According to the Dispensatory a portion of the ointment containing not more than 2 to 4 grains should be used in twenty-four hours.

There is a deep grounded predjudice against the use of this drug internally, in the professional mind, formed perhaps upon the adverse opinions concerning it to be found in our "authorities," but the physician should bethink himself that there are "authorities" yet to come.

(To be Continued.)

ALKALOIDAL NOTES.

For insomnia not occasioned by physical pain, excellent results are obtained by giving 4 granules, gr. 1-1000 each of hyoscine and the same number of gelsemin gr. 1-134 each, togther upon going to bed. By substituting hyoscyamine for the hyoscine you will have a remedy which will frequently abort a forming cold. Especially is this true where a feeling of fullness in the head is felt. This sensation of fullness is due to congestion of the nasal membrane, and this combination reaches it effectively.

* * *

For post-grippal neuralgia, zinc phosphide gr. 1-12 to 1-3 every two to four hours will often work like a charm. The same thing is a specific for herpes zoster. Remembering having seen this statement in Waugh's writings enabled me to promptly cure a case of herpes zoster that had been the rounds without relief.

Zinc phosphide is a remedy the limitations of which have not been studied sufficiently to be fixed. It should be the endeavor of each reader of the Recorder to help in the work of fixing its indications and limitations. By thus taking one remedy at a time and thoroughly studying it, and then above all let us know through the columns of this journal the result, will do vastly more toward teaching us how to practice medicine successfully than all the experimentation on animals that we only read about. It will do another thing; it will make this journal the leadiug exponent of an advanced rational and accurate therapeusis.

Reading that one statement concerning zinc phosphide was worth

more to me than many times the cost of the journal in the columns of which I saw it.

* * *

Another useful combination for post-grippal neuralgia is hyoscyamine amorph. and strychnine arsen. pushed to toleration.

* * *

For the extreme aching accompanying the la grippe the writer has learned that often the analgesic effects of acetanilid are not sufficiently pronounced to relieve. Phenacetine in 15 gr. doses is better and is not so depressing. But because of our infamous patents and tariff laws, this drug is too expensive for promiscuous prescribing. Our Canadian brothers have quite 100 per cent. the advantage of us in the price of this drug. But fortunately, acetanilid backed up with the following:

℞ Codeine sulf., gr. 1-6
Dosimetric Trinity, No. 1 aa. No. xxiv.
Gelsemin, gr. 1-134, No. xlviii.
Aquae, q. s. ad. ℥iii.

M. Sig. Teaspoonful every one-half to two hours, as indicated, in a wineglass-full of water, will usually be found efficient.

* * *

Here is a formula that is a specific for acute tonsilitis

℞ F. E. Aconiti, m. xx.
F. E. Gelsemii, ℥ss.
Tr. Guiaici Amm. ℥i.
Glycerini q. s. ad. ℥ii.

M. et sig. Teaspoonful in a little sweet milk every one to two hours. (for an adult).

I began using this ℞ a long while before I became acquainted with the alkaloids or the alkaloidal method, and it has done me so much good work that I have not yet reduced its ingredients to the alkaloidal basis. Whether it would even be possible to do so with tinct. of guiated ammonia I do not know.

Apropos of the article on veratrine, in this issue, here is something from the editorial pages of the March number of the Alkaloidal Clinic, too good to be omitted. "Fever is the chief source of danger in acute diseases, and possibly produces the actual lesions. The older and weaker the body the more rapidly it will be consumed. This is Burggraeve's reason for placing strychnine at the head of antiphlogistics. Nux vomica is but slowly absorbed from the alimentary canal, and may accumulate there and cause toxic phenomena. Strychnine overcomes paralysis of the blood vessels, prevents capillary stasis and consequent inflammations and fever. For heat is generated in the capillaries and not in the lungs. Venous blood is warmer than arterial. If blood accumulates in any part it becomes warmer, carries its heat throughout the body, raising the general temperature, stimulating the heart to more rapid action; waste accumulates faster than the lungs and other elimentary apparatus can carry it off, and fever appears. There is no excess of blood. The red cells are destroyed, the fibrin is increased and inflammation localizes itself in one organ or another. The earliest indication is therefore to dissipate the initial congestion, by bleeding, revulsives, saline laxitives or the defervescent alkaloids. Clear out the intestinal tract by a saline laxative, give a sponge bath, and administer the defervescent alkaloids, strychnine, aconitine and veratrine, to lower the fever, digitalin to calm the heart and restore the secretions, hyoscyamine to relax spasm, morphine to allay pain, etc."

This quotation is a part of the "Fundamental Laws of Dosimetry," (Number three). I do not know whether Abbott or Waugh wrote it, but is good sense and the whole is well worth perusing.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

DR. PARRISH'S CASE.

Dr. M. F. Parrish reported a case in the February Recorder, page 41 and asked for opinions and help. The following is the opinion of

DR. A. C. KELLOGG.

In the patient described by Dr. Parrish I recognize one of a class with which I have occasionally come in contact. This, however, on the ground that there is no suspicion of incipient phthisis. A farmer's boy about twenty years of age, of good constitution and a digestive apparatus that was faultless until he reached the age of nineteen when vague symptoms of indigestion began to appear. There was no pain; no vomiting; nothing to indicate that the liver was at fault, tongue but slightly coated. Patient has consulted several doctors. This young farmer, in his condition of social isolation, and owing to an innate tendency to do so, gave himself up to introspection at the age of nineteen—fell into the habit of watching himself live. It so fell out in his case that his attention was fixed upon his digestive apparatus—with some it is the sexual—and trifling abnormalities that ordinarily pass unnoticed filled his mind with apprehensions of an early grave. It is a case of a drowning man grabbing at a straw and doctor after docter is consulted in rapid succession. That time is an important desideratum in the treatment, or rather management, of these cases is sufficiently evidenced by the fact that the first doctor or two consulted is sure to be quickly relegated, in his mind, to the limbo of good-for-nothings. As a rule the necessity of hustling for a livelihood proves a godsend in these cases by affording them something better to think about than their own vague bodily sensations. But Dr. Parrish has no cause for alarm. His patient will not die—not yet, and he will not get well—till he gets ready. If the doctor can keep the young man busy with the stomach tube a while longer and so keep him from falling into the clutches of some merciless quack he will in due time have the satisfaction of seeing him fully recover.

A. C. KELLOGG, M. D.
Portage, Wis.

Dr. Kellogg is a clear thinker and whatever he writes always has some good points. As the doctor says, there is frequently a neurasthenic condition connected with minor stomach troubles. This should be borne in mind in treating such cases.

We are also able to present the opinion, on Dr. Parrish's case, of

DR. J. K. SCHREINER:

I believe the diagnosis and treatment in Dr. Parrish's case is correct and have nothing to suggest except possibly more examination—inflation and chemical tests applied to the residue of an Ewald's test breakfast. This might give a more accurate understanding of the case and suggest additional therapeutics.

J. K. SCHREINER, M. D.,
Westby, Wis

Dr. Schreiner is good authority on stomach diseases. His article on the physical examination of the stomach in the October Recorder, page 221 is a valuable production.

We are glad to have our readers send in case reports and discuss them as these discussions are helpful.

ABSTRACTS OF RECENT ARTICLES.

Prepared for the Recorder by the Author.

POINTS IN ARSENICAL CAUSTIC TREATMENT OF CUTANEOUS CANCERS.

1. The arsenious acid caustic treatment of skin cancers does not contemplate or depend upon the actual destruction of the new growth by the caustic.

2. The method is based upon the fact that newly formed tissue of all kinds has less resisting power than the normal structure when exposed to an irritation and its consequent inflammation. Hence the former breaks down under an "insult" which the latter successfully resists.

3. If therefore the whole affected area can be subjected to the influence of an irritant of just sufficient strength to cause a reactive inflammation intense enough to destroy the vitality of the new cells, the older normal cells will survive.

4. Arsenious acid of properly mitagated strength is such an agent, and its application causes an inflammation of the required intensity.

5. It therefore exercises a selective influence upon the tissues to which it is applied, and causes the death of the cancer cells in localities outside the apparent limits of the new growth, where there is as yet no evidence of disease.

6. It is superior, in suitable cases, to any method, knife or cautery, which requires the exercises of the surgeon's judgment as to the extent to which it is to be carried. That that judgment is often wrong, and necessarily so, is shown by the frequency of recurrence under these methods even in the best hands.

7. It is applicable to all cutaneous carcinomata in which the deeper structures are not involved, and which do not extend far onto the mucous membranes.

8. It is easy of application; it is safe; it is only moderately painful; and its results compare favorably with those obtained with other methods.

HÆMORRHAGE AS A SIGN OF CONGENITAL SYPHILIS.

In the course of the description of a case of hæmorrhagic congenital syphilis appearing as a hæmorrhagic vesicular eruption, attention is called to the importance of otherwise unexplainable bleedings in infants as symptoms of congenital lues. They may be the only mark of the disease, especially at first; but they are almost invariably accompanied by a diminution of the coagulability of the blood similar to that of hæmophilia, and the case usually goes on rapidly to a fatal termination. Disease of the vascular walls is one of the commonest and best-known effects of the syphilitic poison, leading to hæmorrhagic discharges from the mouth, the bowels, the bladder, or the nose; to blood accumulations under the skin and mucosæ, or in the serous cavities and internal organs; or finally, making the syphilitic eruption itself hæmorrhagic. The author emphasizes the importance of remembering these facts in the treatment of infants who have hæmorrhagic discharges or a hæmorrhagic eruption, the cause of which is obscure. (Archives of Pediatrics, June, 1898).

A HOUSE EPIDEMIC OF SYPHILIS.

Thanks to a better knowledge of the dangers and modes of transmission of syphilis, and to superior habits of cleanliness, epidemics of the disease are rare in America; yet they occur among the lower classes of our population with greater frequency than is generally supposed. In the

New York Medical Journal of March 26th., the writer records one in which the disease was introduced into the family, according to the history, by vaccination, and in which every member of the family of eight was ultimately affected. The first case was a child of two years; then the mother, aged 34; then two girls, aged 9 and 14 respectively; then a boy of four; then a girl of seven; then a nurseling, aged six months. The father escaped until the last; but late in the spring he came to the clinic with a characteristic eruption, alopecia, etc. The cases were all severe; there were several irites; all had obstinate and some very extensive mucous patches; and the two-year-old child had a syphilitic pneumonia. The site of inoculation was discoverable in two cases only, probably on account of the lateness and irregularity with which the patients were brought to the clinic. In the mother it was upon the center of the cheek, and in one girl it was upon the eyelid. The family were very poor, living in one room, and their habits were very uncleanly.

A CURIOUS POCKET PIECE.

In the New York Medical Journal of February 4th, 1899, a case is described in which a woman carried a piece of her own skull in her pocket for years "for good luck". She applied for treatment for a different affection, and it was discovered incidentally that a syphilitic periostitis had begun again around the scar left by the ulceration from which her piece of bone had come twelve years before. As in the present case, she had not at that time attached sufficient importance to the matter to consult a physician about it. The sequestrum, of which she was quite proud, was an ovoid piece of bone measuring 2¼ by 2 inches and was composed of two adjacent portions of the two parietal bones, the sagittal suture in the middle showing beautifully. Its upper convex surface showed the outer table of the skull intact. The under concave surface was composed mostly of cancellous tissue; but all along the middle line, at the suture, the inner table was present, showing that at that place the entire thickness of the skull had been lost.

Apart from its curiosity, the case is of interest as showing the very extensive destruction of important organs that can take place in syphilis without systemic reaction or much personal inconvenience. The entire thickness of the skull has been destroyed, and the meninges necessarily exposed; yet the inflammation had not spread to those membranes, and the patient had hardly considered herself sick.

Wm. S. Gottheil, M. D.

Professor of Dermatology, New York School of Clinical Medicine, 144 W. 48th. Street. New York.

Until lately it was taken as granted that the innumerable wandering dogs of Cairo and Constantinople were never affected with hydrophobia. Nevertheless, in 1886, a terrier, belonging to an English soldier, became mad. Since then, in Egypt, a few cases of rabies have been observed every year in man or dog. Yet, within the last few months they have become quite numerous. Since 1886, 36 fatal cases have been reported in the dog, three in the horse, two in the mule and 60 in man. Prompt prophylactic measures are required. It has been questioned whether hydrophobia was known in ancient Egypt. There is no document bearing specially on this point, yet old papyri repeatedly call attention to the danger inherent to the bites of snakes, crocodiles and dogs.

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RECENT METHODS OF TREATING PULMONARY TUBERCULOSIS.

During the past year more new methods of treating pulmonary tuberculosis have appeared than usual. On page 157 of last year's Recorder we presented the claims of Murphy's nitrogen gas treatment and predicted that it would not prove satisfactory, which is being verified. On page 33 of our last issue the hot air treatment was mentioned and on page 73 of this number we give some of the claims of Dr. Von Ruck's treatment by injections of the watery extract of tubercle bacilli. As some of the ideas advanced are of use, we record in the various departments, all the latest methods of treating this destructive disease.

The daily press has recently contained extensive accounts of the cure of consumption by sodium cinnamate as discovered and practiced by a Russian physician. Dr. Alfred Mann, of New York City, has been using this method and reported his results at a recent meeting of the New York Academy of Medicine. He has used intravenous injections of sodium cinnamate. Merck's Archives gives the following summary of his paper: "The first change produced was an increase in the number of white corpuscles in the blood. This was noticeable within a few hours after injection. The maximum was reached in twenty-four hours and nearly disappeared in forty-eight hours. The capillaries of the affected areas became dilated and crowded with leucocytes. These leucocytes gathered about the tuberculous foci, forming a dense wall around the infected areas. After a month or two new blood-vessels sprang up, granulations began to form, and as the necrotic material composing the tuberculous mass was absorbed, granulations took its place. Finally, the diseased area was replaced by a connective-tissue scar. The whole process may be summed up by saying the treatment substituted an active inflammation, the result of which was cicatrization. Small cavities were entirely obliterated, and even large ones were surrounded by dense connective tissue, with a smooth, dry lining on the same tissue. Fevers and night-sweats in favorable cases disappear in two or three weeks, and there was a general feeling of well-being and increased strength. One of the earliest signs of improvement was a change in the expectoration to muco-purulent or mucoid, and a diminution in its quantity. The treatment usually extended over three months, but from five months to a year might be required in some cases.

The original preparation used was an emulsion of yolk of egg, containing water and cinnamic acid ground up finely and rendered alkaline by sodium carbonate, which was added gradually in several small portions. It was found, however, that the injection of the acid mixture caused chills. The fineness of the emulsion was a matter of great importance. Subsequently aqueous solutions

of pure sodium cinnamate were used in strengths of 1 and 5 per cent. It is absolutely necessary to begin with 1 or 2 min. only of a 1-per-cent. solution, especially in severe or hemorrhagic cases or when the patient is very weak. The dose is increased gradually from 1-100 gr. to $\frac{1}{4}$ or $\frac{3}{4}$ gr. This latter dose should seldom be exceeded. The injeetions are repeated at intervals of forty-eight hours usually, but for convenience they may be given two or three times a week in somewhat larger doses."

Creosote has been used for sufficient length of time to have its usefulness proven. The use of creosote, alteratives and tonics has produced some very good results. A method of treatment which has proven of value consists of the hypodermic administration of a bromine-iodine compound which contains iodine, bromine, phosphorus, thymol and menthol in sterilized oil; also the internal administration of chlorinated creosote.

Dr. William Murrell, of London, has been treating phthisis for two years by means of various inhalations, combined with proper tonic treatment, and has just published his results. He first tried inhalations of oil of cinnamon and oil of peppermint, but clinical conditions and bacteriological experiments proved the inefficacy of the treatment. He then tried inhalations of 40 per cent. aqueous solution of formaldehyde on twenty cases. In six cases no conclusions were reached as the patients were lost sight of or other methods were used. In fourteen cases nothing except formaldehyde was used, except 1-60 grain doses of picrotoxin to check night-sweats. Twelve of these cases were very much benefited and two slightly improved. Dr. Murrell says in conclusion: "That the best way of treating tuberculous phthisis is to obtain the bacilli from the expectoration, cultivate them, pass over them various volatile substances until one is found which will arrest their growth, and then administer it by inhalation to the patient. This by no means precludes the use of fatty foods and other substances, such as cod liver oil." Success in the treatment of phthisis, today, depends upon as early a diagnosis as possible, suitable environments, the best nutrition obtainable, hypodermic medication and inhalants. Cases seen before the disease has progressed extensively give some satisfactory results, by the methods of treatment now in use.

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We give our readers this month a poem by Bill Baxter, which our readers will find entertaining. Bill Baxter is the poet of the Janesville Daily Recorder and one whose reputation is rapidly growing. Bill has issued a volume of poems which has met a warm welcome.

❧ ❧ ❧

Dr. Blesh gives us some good thoughts on strychnine in this issue. This is an important remedy, with which every practitioner has had special experience and has useful ideas regarding its employment. Please write up something about it for the Alkaloidal Department of the Recorder, doctor.

❧ ❧ ❧

Treat's International Medical Annual for 1899 will soon be issued. This is an excellent year-book presenting the year's progress and original matter of value. This year's issue promises to surpass the past volumes in some respects. Among the special articles will be found the following: "Practical X-Ray Work," by R. Norris Wolfenden, M. D., B. A.; "Advances in Skull Surgery," by Seneca D. Powell, M. D.; "Surgical Treatment of Paralysis," by Drs. Robert Jones, F. R. C. S., and A. H. Tubby, M. S., M. B. These articles will be illustrated, chiefly by reproductions from photographs.

ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

If you contemplate buying a new piano, send for the book on pianos which Wing & Son offer. It contains much information that is valuable.

Obstetrics is a new monthly journal published in New York City. Dr. Edward Ayers and a staff of able associates assure good editorial work.

Merck's Archives of Materia Medica was started in January as a monthly magazine, and contains a large amount of information relating to the newest preparations.

Philadelphia continues to have typhoid fever in epidemic form, due to improper water supply. Over 3000 deaths are reported from this discase in that city since the first of this year.

After a case of incipient tuberculosis has recovered, it should be under the observation of the physician for months. Even though a perfect cure is effected, there is great liability of reinfection in such cases.

Dr. Geo. H. Simmons, of Lincoln, Nebraska, founder and editor of the Western Medical Review, has been selected as the new editor of the Journal of the American Medical Association. He is a graduate of both the Hahnemann and Rush Medical Colleges of Chicago.

The Southwestern Progressive Medical Journal, for March, contains forty pages of reading matter, and those of our readers who are not acquainted with it would do well to send for a sample. The rapid improvement in the journal shows that Dr. Leister is a hustling editor.

Sir John Struthers, M. D., L L. D., vice president of the Royal College of Surgeons, Edinburgh, and examiner in anatomy, Royal College of Surgeons, died February 24th, aged 76 years. He was one of the great physicians of Edinbnrgh, and an authority on human and comparative anatomy, and was the author of several works on anatomical subjects.

A physician says: "I am sure the imperial granum food was an efficient agent in restoring the health of a baby boy recently under my care. He was suffering from mal-nutrition with a most persistent diarrhoea. Many foods were tried and discarded, and I was beginning to lose heart, when I happened to think of the imperial granum. Its use proved it to be very easily assimilated, and I think it saved the baby's life."

At the recent meeting of the National Association for Prevention of Consumption, held in England, the following objects of the society were formulated: First, to educate the public as to the means of preventing the spread of consumption from those already suffering from that disease. Second, to extinguish tuberculosis in cattle. Third, to promote the establishment of sanitariums for the open-air treatment of tuberculous disease.

The presence of mercury in an absolutely soluble form characterizes sapodermin, in this varying from the usual sublimate soap in which the soluble salt is precipitated by the alkali and rendered partly inert. The albuminate of mercury, however, besides being a powerful antiseptic and parasiticide, permits the production of a neutral soap, not irritating, but soothing to inflamed surfaces. It is non-poisonous and in stronger solution an efficient remedy in specific cases. Sapodermin will therefore prove invaluable alike to the operator, the dermatologist, the general practitioner.

Dr. Marie J. Mergler has been elected Dean of Northwestern University Woman's Medical School, in place of Dr. I. N. Danforth, resigned. Dr. Danforth has been elected Dean Emeritus. The yearly course of this school has been changed from one of two semesters to one of four semesters of twelve weeks each, commencing the first of July, October, January and April. Three semesters will be required; the other semester will be optional. The number of regular students will be limited to one hundred, twenty-five in each class. They will be admitted to competitive examination for place in class, only after having complied with the requirements of the State Board of Health.

Croup in any form is a disease, demanding the best and speediest relief possible. In membranous croup brown iodide of lime has been proven to be the leading remedy. In the spasmodic form a number of remedies are of a decided value. Glonoin is a remedy which many consider of decided value. Dr. G. G. Marshall says that he has found in nitroglycerin a remedy for spasmodic croup where steam inhalations and emetics fail or depress too much to allow respiration. He recommends small doses frequently repeated. To children from five to ten months old he gives from one ten-hundreth to one six-hundreth of a grain, repeated in from five to ten minutes if no effect is noticeable. Usually in ten minutes there is marked relief in the dyspnoea and the general appearance of the child. By repeating these small doses from every 15 minutes to once in two or three hours, the laryngeal spasms are controlled. Sometimes it is not necessary to repeat it more than once or twice; at other times the remedy has to be continued at more or less frequent intervals for two or three days.

The following from The Inter Ocean of March 14th will interest those who are watching the advances of science. Inter Ocean reports of scientific news are complete and up-to-date: Dr. G. Carl Huber, of Ann Arbor, assistant professor in anatomy and director of the histological laboratory, has made an important physiological discovery. The most noted physiologists of the world have always held that there were no nerves controlling the blood vessels of the brain. Dr. Huber has demonstrated that there are, and will have an article in the March number of the Journal of Comparative Neurology which will give the result of his long research to the medical world. The discovery will have an important bearing upon clinical work, and it is possible that the physiologists will develop cures for violent headaches, as the nerves are demonstrated to be sensory.

Dr. Geo. H. Rohe, of Baltimore, Md. died suddenly, February 6th, aged 48 years, at New Orleans, where he was in attendance upon the National Prison Congress. He was born and spent most of his life in Baltimore. Soon after

graduating in medicine he made a special study of dermatology, and was the author of a manual on the subject. Later he took up the study of mental diseases, and and in 1891 was appointed superintendent of tne Spring Grove Hospital for the Insane. In 1896 he was appointed superintendent of the Second Maryland Hospital for the Insane, at Springfield, which position he held at the time of his death. He was the author of a number of well known medical works, and was a most competent and successful alienist.

Efficient, up-to-date and special instruments are very necessary to the practicing physician of to-day. In this journal a number of useful instruments are advertised whose merits are established. The hydro-electric rectal tube and catheter are valuable additions to any physician's outfit. The rectal tube is giving excellent results in relieving intestinal obstruction. The vibratile is another good electric apparatus, which is especially useful in various nerve diseases. The value of Dr. Kellog's funis ring is so well established as to be undisputed. The Eureka nebulizer has a large sale and gives universal satisfaction. The micro stethophone is a useful instrument for diagnostic purposes. Dr. Dunn's dental fulcrum is an appliance of value to all who extract teeth. The literature published on these appliances is worth sending for.

Osteopathy now has a rival in the new fad, "somatopathy," which is now ready to supersede all other systems of treatment, for the right amount of cash. The Medical Times says of it: The latest sectarian "fad," which is claimed to be "progressive Osteopathy," what ever that is, has been christened "Somatopathy," and it blossoms forth with that egotism and assurance which is born of ignorance and superstition. The prospectus which is sent to laymen—a copy of which we have before us—savors of humbuggery from start to finish. We will not quote the "stuff" it contains, for it is not worth the space, but if any reader cares to see for himself, he can easily get a copy, as they are freely issued. The picture of an enormous apartment house is presented, as if the "Home of Somatopathy" occupied the whole of it, which we do not presume to be the case. "The Institute of Somatopathy" announces four terms of five months each; $500 payable in advance and degrees will be given in "Somatopathy and Osteopathy." "Our students will be taught anatomy, physiology and pathology in the New York Homœopathic Medical College without extra charge to them." The proposed journal, etc., will be "sent free on application, to the sick, and to prospective students." The "Somatopathist" has a creed like other sectarians, and they are all of equal consequence. "Somatopathy, advanced Osteopathy," is the definition of this new term as given in the prospectus. The true physician has no creed, and the boundless universe is open to him. We notice that the names of several respectable physicians have been worked into this wonderful literature as if they were supporters of the new "fad," and it is strange that a medical college could be induced to lend itself to such an enterprise. The scheme as presented in the prospectus has all the appearance of quack advertising. The success of Mrs. Eddy, of "Christian Science" fame, in money making, will no doubt encourage many other schemes to humbug the people. We trust the medical profession will not be hoodwinked into indorsing any of them.

Chronic ulcers are often most difficult to heal and tax the physician's skill and patience. One efficient method of treatment is to first thoroughly cleanse the ulcer with hydrozone and then apply irisol. Irisol is a most valuable remedy in the treatment of ulcers of all varieties.

In an article on the treatment of acute lobar pneumonia, Dr. Morris Manges, Visiting Physician to Mount Sinai Hospital, New York (New York Medical Journal, January 7, 1897) states that the most striking indication for the relief of suffering in pneumonia is the alleviation of the pleuritic stitches and the distressing coughs, which wear out the patients, and rob them of their much needed sleep. For this purpose he recommends the hypodermatic injection of morphine, the use of the Paquelin cautery which often acts magically in quieting pleuritic irritations, and the ice bag which is also very favorable, but acts less promptly. Quite recently he has been using a new drug, heroin, as a sedative for these thoracic symptoms, and, so far as his present experience permits him to judge, he believes that this remedy will be found valuable in quieting distressing coughs. It has acted well in some cases which were not relieved by codeine. As regards its mode of administration it is given in tablet triturates or powders in doses of 1-12 to 1-6 of a grain every four hours.

During the cold weather of last month, the Rev. G. H. Ide, of the Grand Avenue Congregational Church, of Milwaukee, Wis., preached a sermon which presents some good thoughts. He said: I am told by one of the devotees of Christian Science that physical pain is not real. According to the report which comes to me through my sensibilities I am informed that I have a lame back, or rheumatism, or a sore throat. But I am told at once that these painful sensations have no existence in reality. To be sure, I think they are real, but they are not. The whole trouble is with my thinking apparatus. Let us see what this position involves: It implies that all my physical sensations have no ground in reality. Pain, suffering, disease, everything that annoys the body and seems to make it uncomfortable, is a mere figment of the mind. In other words, my physical sensations are false reports. Now what are you going to say to a person who comes along and asks you to believe the testimony of the senses to be false in this regard? You need not stop to show the absurdity of such a philosophy. Ask him to explain certain facts which are well understood and very commonplace. Cold is a physical sensation, and because it is a physical sensation it has no reality according to this theory; it is purely a mind figment. Now, my dear sir, please tell me why you filled your coal bins last Autumn in view of a rugged winter, just as your less enlightened neighbor did? All physical sensations are at a discount, why do you act in this particular as if they were good for their face value? Why be at the expense of stoves and furnaces, when what we call a "cold snap" is but a thought—ripple in the "moral mind?" Why do you not say, my body is never sick? When we have a cold snap, why do you hug the fire and pile on wood? When you step out into what we call zero weather, why do you not put on a linen duster instead of a thick woolen overcoat? Give us an exhibitian of your utter unconcern and indifference to a freezing Boreas by sitting out on the front piazza and reading your newspaper.

GLEANINGS

FROM RECENT MONOGRAPHS.

In this department we present some of the good ideas from late monographs, of which we receive a great many, some of which have never been published in a journal. We invite medical authors to send us copies of their monographs; while our space does not permit us to refer to all the valuable ones received, yet we shall mention as many as possible. We invite our readers to discuss in the pages of the Recorder, the ideas here presented.

Malignant Disease of the Kidney. By Byron B. Davis, Omaha, Neb.

Dr. Davis is a logical writer on surgical topics and our readers will notice some good points in the following from his late monograph on the subject:

It is not unusual to hear the sentiment advanced that operation in malignant disease of the kidney is useless. With this opinion I am not in accord. That the mortality from nephrectomy is high and the number of cases permanently cured small cannot be questioned. If any one will take the trouble to look over the history of cases compiled by Walker, of Baltimore, and note the preponderence of cases of nephrectomy for sarcoma in children under five years of age, the tumor often weighing fron one-sixth to one-half as much as the child, the high mortality will be explained. In adults and in children with the disease not far advanced the mortality from the operation does not seem to be very great, probably not more than 10 to 15 per cent. When the cases of advanced sarcoma in children are also included the mortality is 25 to 50 per cent.

Unfortunately few cases of malignant kidney disease have been discovered sufficiently early to make the results of nephrectomy flattering. The brilliant case of Israel is a happy exception to the rule. The diagnosis was made when the growth —a sarcoma, proven microscopically— was the size of a hazelnut; nephrectomy was done and the child has passed the five-year limit without recurrence. As an example of what may be accomplished by late operation, one of Abbe's cases is of value. This was a sarcoma of the kidney weighing seven and one-half pounds removed from a child weighing only fifteen pounds after the operation. She was well five and one-half years after the operation. Walker, of Baltimore (Annals of Surgery, November. 1897) analyzing 145 cases of sarcoma of the kidney, shows that the average lengthening of life was 8.08 months, as compared with cases not operated.

If it were possible to make an early diagnosis and an early operation the results ought to compare favorably with the results in malignant disease in the most favorable regions. There seems no dissent from the view that malignant disease of the kidney remains localized for a considerable period. Lenn (Pathological and Surgical Treatment of Tumors, p. 371) says: "Lymphatic infection (renal carcinoma) takes place at a comparatively late stage."

Without going into exhaustive details it is desired to speak of a few of the earliest symptoms. The initial symptom seems to be most frequently the discovery of a tumor mass. Sometimes pain, sometimes hematuria, and quite frequently general weakness and lack of tone are the first symptoms noticed. When a tumor is in the lumbar region, a dull aching pain, loss of weight, and hematura are found associated, the existence of renal malignant disease is highly probable. Operation should not be put off until all chance of error has been eliminated—if no cases are operated upon until the diagnosis is positive the majority will have lost all chance of cure. Microscopical examination of the urinary sediment is often an aid, but it is very seldom that carcinomatus masses are thus found. If

they are found, it is indicative of an advanced stage of the disease.

In conclusion it is my desire to state my position, not only in regard to malignant disease of the kidney, but of malignant disease in general: Whenever and wherever a malignant growth is discovered, it should be removed at once—if its removal is an anatomical possibility. The sooner the profession is in accord in advising early radical operation, the better will it be for the credit of medicine and surgery. The earlier the operation the better will be the chance of complete removal. Conversely, when the growth is far advanced, when there is a certainty that complete removal is impossible, it is usually better to withhold the knife. This is not in any way to be construed as condemnatory of tentative operations in incurable cases for the relief of pain, hemorrhage, or a malodorous mass, but in such cases the object of the operation should be clearly pointed out beforehand. The friends of such patients should be informed that the operation is not intended to be curative, but merely palliative. Furthermore, such palliative operations should not be included in computing the results from the radical treatment of malignant growths.

Clinical Report of 78 Cases of Pulmonary Tuberculosis. By Karl Von Ruck, B. S., M. D., Director of the Winyah Sanitarium, Asheville, N. C.

This monograph gives Dr. Von Ruck's experience and results in treating pulmonary tuberculosis with a watery extract of tubercle bacilli. The following gives some of the author's views:

How satisfactory this may be, and how much visible improvement may be noted, will depend upon the pathological changes present, and also upon the additional care and treatment the patient receives. The latter will be more a factor the more advanced the case may be in destructive process, suppuration and softening in caseous localities, and in complications. In such cases the cough, fever and heart action, diet and general conduct of the patient need careful attention and supervision.

I shall be glad at all times to supply as far as I have them, reprints of articles on these and other subjects, in which I have recorded my experiences.

It is chiefly in early and middle stage cases, free from absorption fever, with a fair degree of nutrition, and free from serious complications, that I have obtained my best results, and I would urge those who desire to use the remedy under consideration, to select only such cases, at least for a beginning. In the observation of the involved lung portions and other tubercular localities, while the treatment is administered, I have rarely failed to note unmistakable changes for the better within the first month or six weeks, particularly in recent extensions to adjacent lung portions, and to the opposite lung, and in recent infiltrations of the larynx.

Removable tubercles in the lung do not, however, as a rule reveal their presence by a dull percussion note unless the alveoli and bronchioles are entirely obstructed by their presence; nor do such tubercular deposits ordinarily cause bronchial respiration much less coarse rales and ronchi. On the contrary the changes induced by purely tubercular deposits, especially when of recent origin, are delicate, and cause scarcely perceptible or but slight changes on percussion, while auscultation shows a weak, feeble, respiratory murmur, which may be more or less rough on inspiration, when we also may note very fine crepitation. Later, after some months, the reactionary inflammatory changes in tissues, where

tubercle has been formed, cause increase of connective tissue, and now the percussion changes become more marked while the respiration may become harsh and bronchial.

Many practitioners, who are not in constant practice, may have difficulty in making out these delicate changes, and if they fail to recognize them when the patient comes under treatment, they will, of course, not note their disappearance later on. However, this may be, they should not expect that the physical symptoms due to fibroid changes, caseous pneumonia, thickened pleura and such like, will clear up and disappear under the use of this remedy, and if they cannot recognize the less pronounced changes, they must be content to note the more general improvement, which always follows, unless in badly selected cases in which the irremediable conditions control the clinical course entirely.

Most cases coming under my care, even in advanced stages, present more or less recent extension of the tubercular disease in the lungs, which are destined to follow alike, but as a rule, a more rapid and less favorable course than the earlier deposits have done. It is not a matter of indifference whether these new deposits shall be allowed to remain and to undergo degenerative changes or whether they shall be removed. If such cases are not already doomed on account of their irremovable conditions, the clearing up of such deposits removes a serious and often insuperable hindrance to their improvement, and to the arrest of the disease. This, the watery extract of tubercle bacilli will do, even in advanced stages, when the patient's nutrition is still fair.

Coming now to the result of the 78 cases treated and discharged, I may emphasize again, that the treatment was administered under ideal conditions in every respect, and wish to again record my faith in the helpful influence of climate, and the advantages which a well conducted institution affords.

The doctor treated with his watery extract 20 cases in the early stages, all of which recovered, with an average gain of 11 pounds in weight, and subsidence of all symptoms. Of 37 cases in a more advanced stage 27 recovered, 7 were greatly improved, 3 improved, and none grew worse, gaining on an average nearly 13 pounds each. Twenty-one cases in a seriously advanced stage were also treated, of which 3 recovered, 9 were greatly improved, 7 were improved, only 2 grew worse or died, there being an average gain in weight of 10½ pounds each.

This is a fine showing, but as the doctor admits, probably the surroundings and care these patients had in the sanitarium had considerable to do with the results. Such results would not be obtained in ordinary private practice.

No individual nowadays can pretend to encompass the whole field of the practice and study of medicine. It is true, wide experience is essential to any thorough grasp of its significance; but even the most experienced prefers to share responsibility with someone who has given the matter in hand more exhaustive study than he. It is not necessary to plead for specialization, for this has already become a fact.

Gastro-enterology has rendered service to both medicine and surgery which entitles it to recognition on the part of the medical profession as a whole. The new science has rendered such service ever since 1875. Ewald's stomach tube is employed in general practice now, and has ceased to be the peculiar property of specialists.—Chas. D. Aaron, M. D.

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ORIGINAL ARTICLES.

STRYCHNINE ARSENIATE (ARSENATE).

"CHEVAL DE BATAILLE." BURGGRAEVE.

By C. E. Ide, M. D., 106 Peabody St., Buffalo, N. Y.

It is to be feared that this combination is not sufficiently nor universally appreciated. Popularized by Burggraeve, it has grown in the estimation of those who have been fortunate enough to know it, until its known virtues and desirability have overshadowed those of all other forms of strychnine. That it demands the utmost respect and further investigation has been proven by experience.

Strychnine arseniate is a white, crystalline powder, having the bitter taste which is common to the alkaloid strychnine and all its salts. The formula is $C_{21}H_{22}N_2O_2As_2O_5$. It occupies a most prominent place in the categories of tonics and alteratives. When this agent is employed there is obtained not only the effect of the strychnine, so well known to us all, as in the case when we administer the sulphate, or the nitrate, or the slowly soluble uncombined alkaloid. There is a two fold effect; with that of the strychnine is also that of the contained arsenic, which we shall find to be most important.

The proportion of strychnine in this combination is 72.5 per cent.; that of the arsenic is 12 per cent.; the remaining 15.5 per cent. being water. The properties possessed by this combination are far superior to those of its constituents when they are employed alone. The action which we expect from strychnine when employed alone is obtained from the alkaloid in this combination, but to a fuller and higher extent. This is because the tissues are prepared for its action by the effect of the arsenic upon the protoplasmic elements. The arsenic in this combination acts as it does when employed alone, it is true, but in this very act, while producing an alterative effect upon the cells of the body, it assists the strychnine in doing its work. Because of the intimate association existing between the two elements, this synergism is greater than when strychnine and arsenic are administered simultaneously though separately. This quality is reciprocal, moreover, for, on the other hand, the excellent effect of the arsenic is in-

creased and rendered more complete by the presence of the strychnine. It is not so much a case of division of labor as of synergism; just as two men can accomplish together what neither could alone, nor the two apart.

The dose being between gr. 1-134 on the one hand, for a minimum, and gr. 1-30 on the other hand, for a maximum (even up to gr. 1-16), and this repeated as often as every two hours, if necessary, let us consider some of its indications and advantages. It is very soluble (14 volumes of cold water, 5 volumes of hot water, Merck), an advantage not possessed by the simple alkaloid. This is possessed by other salts of strychnine in less degree, as the sulphate, (50 volumes of cold water, 2 volumes of hot water, Merck), nitrate (50 volumes of water), hydrochlorate (50 volumes of water at 22° C., Merck,) and hypophosphite ("sol. in water," Merck), and these are sometimes indicated by existing conditions. This occurs in special cases, however, and does not militate against the fact that the arseniate is the best form for general and "all around" administration

Now is there ever an indication for strychnine when arsenic, in small doses is contraindicated? Never. In order to substantiate this statement it will be well to recall briefly the chief physiological and pathological effects of arsenious acid. This, in large doses, produces fatty degeneration in the tissues of the body, no matter what organs they constitute. This effect is especially marked in the liver, kidneys and heart muscle. The cerebral structures do not escape, and it will at once be apparent that these five organs are those upon which we depend for existence—vital.

These are the pathological effects of large doses. On the other hand, we have learned that the same agent, in small doses, removes the condition of fatty degeneration, or tendency thereto. Aulde has called our attention to this and similar facts as being in the line of proof of his teachings concerning cellular therapy.

Now fatty degeneration results from lack of, or diminution in, oxidation, and this suboxidation is the direct result of lessened cellular activity. It is true that one of the beneficial effects of arsenic (in small doses) is to promote oxidation through the increased cellular activity which it brings about. This favors the elimination of waste products, and this is why arsenic is denominated an alterative; it alters the functional action of the tissue cells for the better. The irritation (poisoning) of the lethal dose becomes a stimulation when small doses are given.

Arsenic, then, is always really a poison. As such it stimulates all the cells of the body. In large dose this (over) stimulation results in a pathological condition—depression with ultimate fatty degeneration. In such dose as experience has proven to produce the effect which we desire, namely, physiological effect, the stimulation stops at energization—the cell is so influenced that it is brought up to full performance of its function.

This combination undergoes chemical change in the stomach. After being "split up" and absorbed the arsenic combines with sodium and potassium in the blood. The strychnine is also distributed in the form of a salt rather than as a pure alkaloid. Thus in one compact dose we are able to introduce into the system these two important agents, in a freely soluble form, in a combination the constituents of which are easily separated and united with such elementary constituents of the blood as will prove most acceptable to the protoplasm constituting those cells which we desire to reach.

Just as we learned the favorable action of arsenic from its pathological

effects, so we ascertain the medicinal value of strychnine from its effects in lethal dose. We find it producing restlessness, tremor, or tonic contractions of all the muscles, according to the amount ingested. This means that it overstimulates (poisons) either the muscles locally, or those nerve centers the stimulation (irritation) of which brings about activity of the muscles, with which they are intimately related by reason of the nerve-tracts running between.

Investigation long ago taught us that the effect of strychnine upon the nerve protoplasm (neuroplasm) is an impulse which, when transmitted to the end-plates in muscles, is manifested as motion. Cellular therapy has taught us that the effect of strychnine upon the protoplasm of muscle (sarcoplasm) is manifest as a passive vitalizing influence. In other words, the effect depends upon the form of tissue influenced, and we know that the principal and most important effect of strychnine is due to its influence over the nervous system—brain, cord and sympathetic system.

Through its effect upon the nerve tissue strychnine is able to stimulate and renew every function of organic life, and this effect is heightened by the preparation of the tissues which arsenic is able to bring about.

Strychnine, then, like arsenic, is a poison. In large dose its effect proves to be lethal. In small doses, on the other hand, the result is only good and desirable. As in the case of arsenic, when large doses are continued for a sufficiently long time, overstimulation results in fatty degeneration. When muscles are under its influence, and the condition is maintained, there is interference with nutrition because the tissue is kept too tense, too solid. The fatty degeneration, then, is a secondary effect, the primary being in the nervous system. On the other hand we find that small doses bring about increase of function with heightened vitality—the strychnine in the combination under discussion being the complement of the arsenic and vice versa.

Many a gem, many a virtue, many a beauty is hidden from the eye, because we are not in that receptive condition which would enable us to appreciate it, while we rave over some other which would be unnoted and unknown amid the brightness of the former. So we find our books teeming with information concerning the other salts of strychnine; but when we search for grains of truth concerning this valuable product, the gem of them all, our desire remains unsatisfied. They can be found only after long search, scattered here and there throughout current literature. "Such knowledge is too wonderful for me: I cannot attain unto it." It is high time for the medical profession, as a whole, to wake up, shake itself and keep abreast of the times. Strychnine arseniate is but one of the good things which Alkalometry has taught us.

We have already stated that both the strychnine and the arsenic in the strychnine arseniate are cellular stimulants—tonics. It remains to mention a few special examples of this action which are not to be found in general text-books or works on medicine. It remained for men of our own times to teach us concerning cellular therapy. The study of the activity of the leucocyte was then developed and we have learned that strychnine, while floating in the blood, in the combination as a salt, is able to affect favorably (stimulate) the white blood-cell, just as it affects the cells of tissues which do not consist of cells floating in a liquid as matrix. This action is increased by the presence of arsenic, which is a cellular stimulant, and we believe that it is brought about as the result of the reciprocal action

of strychnine and the nuclein ferment on each other.

Another interesting characteristic is its selective action on longitudinal muscle fibre, over that on the circular muscle. This is a fact which yet remains unknown, or unappreciated by the many. Those who fully realize it are able to understand why they should give strychnine arseniate in combination with such an agent as hyoscyamine in intestinal colic. The latter acts by relaxing the circular muscle increasing, so to speak, the negative selective action of the strychnine; while the former produces contraction of the longitudinal muscle, and is thus able to expel the offending material, whether gas, or simple irritant, or poison, which has been the cause of the tetanic spasm of the intestinal muscle. The sedative action of hyoscyamine on the nerves involved is of course known and will at once occur to the mind of every reader.

So also in the retention of urine. The arsenic prepares the way and the strychnine comes in to produce contraction of the longitudinal muscle, which is the seat of atony, while the hyoscyamine which we administer is producing relaxation of the vesical sphincter, so called. This same principle is easily and successfully applied to a distended gall-bladder or a strangulated hernia.

A beautiful illustration of this selective action is exhibited when strychnine arseniate and hyoscyamine are administered together in inertia uteri. All the muscle fibres are energized (irritated) by the arsenic, the circular muscle is relaxed by the hyoscyamine, and the powerful contraction of the longitudinal muscle, brought about by the strychnine, expels the child, frequently in a few moments after hours of waiting. This knowledge put into practice has, in our experience, saved women hours of anxious and painful waiting, and much strength and vitality. Let each one try it for himself and make his own demonstration!

This combination is an excellent prophylactic against postpartum hemorrhage. If it be administered, as a matter of routine, in each case of pregnancy, a good many evils will be averted. It energizes the nerve and muscle which we desire to be most active and alive when labor comes on.

Any action which strychnine can have as an appetizer is due to its local effect on the cells in the mouth and stomach and intestinal walls—on the latter by its physiological effect on the neuroplasm, on the former by its effect on the protoplasm and, in addition, the effect of its bitter taste on the "taste bulbs." All will acknowledge that this action is hastened and increased by the simultaneous action of arsenic.

Strychnine arseniate acts better as a vital incitant for the aged, than any other of its salts. In malarial disease, if the strychnine is indicated, this form is surely most desirable because of the favorable influence of the contained arsenic.

It was not sought nor desired to mention the more usual applications of those forms of strychnine which have been in more common use; but to call attention to the applicability and desirability of the arseniate, and of these only those special points which are usually not mentioned, or are unknown.

Dr. R. Friedlander reports experiments with sodium persulphate which indicate that it acts as a germicide. The persulphate in the presence of water rapidly decomposes with the liberation of oxygen, and what germicidal effect it may have depends on this fact. Sulphuric acid is also produced in the reaction, and to neutralize the effect of this agent, if so desired, 143 parts of sodium carbonate are added to 119 of the persulphate.

DR. J. W. MACDONALD.

This month we are pleased to present our readers an article by a leader in surgery, Dr. John W. Macdonald, of Minneapolis, Minn. As a contributor to the Recorder and a surgeon of prominence, the following sketch will be found of special interest:

Dr. Macdonald was born in Nova Scotia, June 25, 1844. His early education was obtained at the Antigonish Grammar School and at St. Francis Xavier's College, at each of which he won several prizes. After graduation at the Normal School the following two years were spent in teaching a select school at North Sydney, C. B., and in 1865 he entered upon his studies at the University of Edinburgh and Royal College of Surgeons. He obtained the diploma of the latter college in 1869, and graduated at the university with honors in 1871.

He began practice in Durham, England, and for six years enjoyed a large patronage, when failing health compelled him to return to Canada. Here he wrote the history of his native country, which won for him the Aitkin prize of King's College.

The epidemics of diphtheria, scarlet fever and typhoid, which were at that time almost decimating the provinces, next claimed his attention, and in view of the fact that the government was doing next to nothing in the way of preventing these diseases, Dr. Macdonald, through the press and on the platform, brought the matter so forcibly before the public that reforms were soon inaugurated. In his investigations on this subject he traveled through every town and village of the province and embodied the result in a sanitary report to the government.

It is mainly due to his efforts that in two years the mortality from diphtheria alone fell from 2,000 to 200 a year.

In 1880 he was appointed Medical Officer to the Steel Company of Canada, at their works in Londonderry, N. S., a position which he held for six years. In 1887 he resigned his position and removed to Minneapolis, where he devoted himself specially to surgery. He has filled the chairs of Principles end Practice of Surgery and of Clinical Surgery in the College of Physicians and Surgeons, is Consulting Surgeon to the Northwestern Hospital and Vice-President of the Presbyterian Hospital.

Among his contributions to medical literature are: "Experimental Research on the Nature and Treatment of Bronchial Hemorrhage," (Churchill & Sons, London.) "A Successful Case of Paracentesis of the Pericardium," (British Medical Journal, 1884.) "The Surgical Treatment of Diseases of the Chest," (Northwestern Lancet, 1888.) "The Nature and Treatment of Acute Suppuration," (Minnesota Academy of Medicine, 1890.) In 1898 was published his work on "Surgical Diagnosis and Treatment" which is enjoying a large sale. In recognition of the merits of this work, the author was elected a

fellow of the Royal College of Surgeons, of Edinburgh. This excellent book was reviewed at some length, page 21, in last year's volume of the Recorder. In December, 1898, Dr. Macdonald, with the co-operation of a large corps of collaborators began the publication of the Medical Dial.

IS APPENDICITIS A SCIENTIFIC FAD?

A CLINICAL LECTURE DELIVERED AT ST. BARNABAS' HOSPITAL, MINNEAPOLIS,

By J. W. Macdonald, M. D., (Edinburgh), F. R. C. S. E.

Professor of Surgery in Hamline University: Surgeon to St. Barnabas and Asbury Hospitals: Consulting Surgeon, Minneapolis City Hospital: Editor of the Medical Dial, etc.

There seems to be just now a good deal of mischievous nonsense written upon the subject of appendicitis. The newspapers have been spreading broadcast the statement of one or two physicians who claim that all cases of appendicitis can be cured without operation; that patients have no more to fear from appendicitis than from an ordinary case of colic, and much more to the same effect. An occasional failure to cure the disease has led to a great deal of cheap and silly wit, such as the following:

"No more on earth he'll greet us
He's numbered with the blest;
He had appendicitis
And the doctors did the rest."

To meet this popular wave of opposition to the operative treatment of this grave disease, I shall bring to your notice two cases which illustrate the relative merits of medical and operative treatment.

Case 1. The patient refused operation and was treated by medicine. He was twenty years of age and had always enjoyed good health until the present illness. His history is as follows:

Oct. 1. He was seized with sudden pains extending over the whole abdomen. The pain was of colicky character and came in waves. There was tenderness on pressure at McBurney's point, that is to say, midway between the anterior superior spinous process and the umbilicus. He suffered from nausea and vomiting. On physical examination the abdominal muscles were found to be contracted and resistant, and when the external oblique was gently tapped in the region of the appendix a rapid, lightning like contraction was observed among the fibers which were attached to the costal margins. Owing to the contraction of the abdominal muscles, the appendix could not be palpated. The temperature was 101 and the pulse 90.

Two days afterwards the pain became localized in the right iliac region. The tenderness increased, he lost all desire for food, the face became anxious, constipation was marked, and in the position of the appendix, a tumor began to appear.

By this time the diagnosis of appendicitis was confidently made, and an operation advised. The friends were strongly opposed to this radical measure and medicines had to be relied upon. All appeared to go well. Hot fomentations and opiates relieved the pain, salines moved the bowels; by degrees the fever went down and by the ninth day the patient was almost well, and everyone rejoiced with him for having made so fortunate an escape from the surgeon's knife.

Two weeks later he went to work but he never felt exactly well. He was habitually constipated; that weak spot in his side continued to be tender on pressure, and he felt a constant lassitude, which made exertion a burden to him.

On January 15th, a little more than three months from his first illness, the patient was seized with his second attack. The course of the symptoms was very similar to the first attack; the tumor in the iliac region grew larger and the pain was more intense than in the preceding illness. Medical treatment did not seem to reach the disease this time, for about the fifth day the abscess ruptured into the abdominal cavity, general peritonitis followed, the patient rapidly sank and died on the following day.

Case 2. The patient who lies before you has been in the hospital four days. He tells us that his illness began with pain all over the abdomen; vomiting and nausea troubled him greatly; he lost appetite, and had chills. On the second day of his illness the pain settled down to the right side which was very tender to pressure. On the third day he was brought to the hospital. The symptoms began to subside, fever left him and the anxious expression left his face, but as tenderness remained in the iliac region, his physician advised an operation, and he was transferred to the surgical wards.

Let us notice his present condition. He is 21 years of age, by occupation a farmer. He has always enjoyed good health until the present illness. His face is calm and not expressive of suffering, his pulse is slightly above normal, and his temperature only 99. In fact he appears to have almost entirely recovered. On inspection, the abdomen is flat but with a slight fullness in the right iliac region. Palpation tells us that the muscles here are rigid and resistant, there is a small area about McBurney's point, which shows a thickening of the underlying tissues and this area is very tender to pressure. If it were not for the rigidity of the abdominal wall and the pressure of the tumor, we could palpate the appendix, and to do so we should proceed as follows: Place the finger tips of the right hand upon the abdomen near the umbilicus, press firmly and deeply, but as this requires some muscular effort, let the other hand make pressure on your fingers of the left hand, leaving the latter to excercise only the sense of touch. As the fingers pass outward the caecum is felt and below it the appendix may be discovered as a cord-like body rolling beneath the fingures. Sometimes the appendix is out of reach because it dips down over the brim of the pelvis. Draw the caecum upward and you may have the satisfaction of finding that the appendix pops up over the pelvic brim and can then be distinctly felt.

We could let this boy alone and in a few days he might possibly be able to go about and even return to his work. But the inflamed appendix will be a constant source of danger, a perpetual menace which at any time may induce a recurrence of the disease and endanger the patient's life. We have to keep before us two cardinal principles. 1st. Every hour of acute appendicitis means increased danger to viscera. 2nd. If we remove the appendix we also remove all present and future risk.

Having explained the matter to the patient he has decided to have the operation performed. He is now under chloroform and the seat of operation is carefully washed and sterilized.

Operation: I make an incision an inch and a half in length, beginning at the position of the appendix, following the direction of the line of traction of the external oblique and ending at the edge of the rectus muscle. The fibres of the external oblique are not cut, but split by transfixing with scissors and opening the blades; the internal oblique and transversalis are split in the same manner and we are now down to the periton-

eum without having cut any structure except the skin. Here we are met with a little difficulty for the peritoneum is firmly adherent to the caecum and forms a mass of inflammatory tissue which is the tumor we felt through the abdominal wall. The adhesions are separated with the fingers, and now I find the caecum which is recognized by its three longitudinal bands. We must follow these bands for they lead straight to the root of the appendix. In this mass of thickened adhesions I find the appendix, and we next proceed to separate and tie it off. The mesappendix is ligated with catgut and cut away. The proximal end of the appendix is in fairly good condition. I divide its muscular and peritoneal coats and apply a catgut ligature to the remainder. The stump is disinfected with strong carbolic acid applied by the aid of a bit of cotton wrapped round a tooth pick. The stump is next covered in by stitching the wall of cecum over it. The abdominal wall is closed by first suturing the peritoneum, the transversalis fascia and the internal oblique in one line of continuous suture, and the fascia of the internal oblique in another. The skin is closed by inserting tenacula into the angles of the wound, and putting the skin upon the stretch until the edges are closely approximated without wrinkles. A few interrupted sutures of silkworm gut are then applied, or a subcuticular continuous suture of fine catgut can be used as recommended by Morris.

(Eight days after operation the dressings were removed, on the ninth day the patient sat up, and left the hospital on the twelfth day).

On examining the appendix after removal, a large part of it is found to be gangrenous, and at one point it is a perforation through which I can pass a common match. Who will say that this patient is not better and safer for having got rid of this mortifying appendix?

You will often be asked, why appendicitis is more common now than formerly. You can safely say that it is not. Up to a few years ago deaths from what we now call appendicitis were assigned to one or other of the following causes:

Typhlitis, la grippe, perityphlitis, bilious colic, cecitis, acute indigestion, entero colitis, neuralgia of the bowels, peritonitis, salpingitis, intestinal obstruction, ovaritis, volvulus, gall stones, intussusception, gravel, typhoid fever, psoas abscess, coxitis, malarial fever, perihepatitis, abscess of abdominal wall, perinephritis.

Statistics show that cases of appendicitis treated by medicines during the first attack have a mortality of ten per cent. If these were followed up it is believed that the ultimate mortality would prove to be 25 per cent. Early operations skillfully performed show a mortality of only one per cent. There are 103,000 physicians in the United States. Let us suppose that each of these has, each year, under his care two cases of appendicitis, making a total of 206,000 cases.

206,000 treated medically with a mortality of 25 per cent. equals	51,500
Treated surgically with a mortality of 1 per cent. equals	4,120
Lives saved each year by operation	47,380

If operation for appendicitis is a scientific fad, it is also a life saver.

GLAUCOMA.

(Fourth Paper.)

By J. A. Pratt, M. D., Aurora, Ill.

While we have concluded that the symptoms of glaucoma are due to a closure of the filtration angle, we have not proven what causes the closure of this angle. We have here

a complicated problem, due in fact to the many conditions that may cause a closure.

PRIMARY GLAUCOMA.

In the primary form we may have an inflammation in the angular space itself, caused by a local trouble or by the saturation of the aqueous fluid with an irritating or coagulating debris which is accumulated from different portions of the eye or carried by the blood from some remote portion or condition of the body. The inflammation may extend from a uveitis, an iritis or a cyclitis.

Dr. Richey, of Washington, explains the eitology of glaucoma by the gouty and rheumatic diathesis acting as a poison upon the blood vessels internal to the sclerotic. He says: "Every form of glaucoma is owing primarily to gout or to acquired syphilis in its tertiary stage." While these are undoubtedly some predisposing causes, the expression is a little dogmatic, as the frequency of glaucoma is nothing compared with gout and syphilis.

The extreme dilatation of the iris by the use of atropine, homatropine, cocaine or any other mydriatic may cause glaucoma by mechanical pressure on the angle. The use of a mydriatic in people above forty-five years of age, should be watched with care. It is best to use cocaine whenever possible on account of its transitory effect. This action of a mydriatic in causing glaucoma as well as other conditions which we know close the filtration angle demonstrates beyond a doubt the direct cause of glaucoma.

A sudden hypersecretion of the tissues posterior to the iris, may cause glaucoma symptoms from the inability of the eye to discharge the fluid, and this condition may possibly be continued until serious damage is done to the eye. This may account for the sudden and excessive rise of pressure, which is frequently seen, but hard to explain. These sudden rises of pressure by the pain they cause are frequently attributed by the patient to headache or neuralgia, and although a physician may be seen, at that time the pressure may be normal, and we have the patient gradually going blind without the guiding sign for the physician. These are the hard cases and the triumph to the diagnostician. Thoroughness and care are hard rules to follow, but they certainly bring their reward.

In reference to the influence of sex and age in primary glaucoma we find that the liability of females is greater in the ratio of six to five. At the age of sixty-five glaucoma is one hundred times more frequent than at fifteen, and twice as frequent as it is at forty-five. One cause of the increased liability as age advances is due to the gradual increase in the size of the lens; between twenty-five and sixty-five years it adds one-tenth to its diameter and one-third to its volume, With the eye remaining the same in size the depth of the anterior chamber is lessened, the ciliary body and iris are encroached upon, so a less congestion would bring greater results.

The smallness of the eye is another feature that must not be forgotten, as the lens is usually as large in a small eye as it is in an average eye. Why the lens remains about the same in size is easily explained. "The lens springs from the ectoderm of the embryo and severs its connection with the parent membrane early; it remains an isolated mass of epithelium which, unlike that of any other part, proliferates within a closed capsule and has no free surface. Before the end of foetal life it loses all vascular connection with the rest of the eye, and is freed from all extrinsic resistance to its growth, except the pressure of the fluid which surrounds it

and the tension of the suspensory ligament. It is as unique in its growth as in its structure and its relations; it enlarges continuously throughout life. On the other hand, the structures which determine the size of the ball—the cornea and sclera—spring from the mesoderm, making their appearance later and completing their growth much earlier. It is therefore not surprising that maldevelopment of the cornea and sclera should have little influence on the size of the lens—that in small eyes the lens should be relatively large," Norris and Oliver. Eyes with a corneal diameter of 10 m.m. are prone to glaucoma and in this reference heredity plays a small part.

While the majority of glaucomatous eyes are hypermetropic it does not prove to be a direct cause of glaucoma, although it may have a predisposing effect.

The predisposing causes both in primary and secondary glaucoma are found in rheumatism, gout, syphilis, exposure, great excitement and such conditions that tend to debilitate the system.

SECONDARY GLAUCOMA.

In the secondary form we can have the angle closed by pressure from new growths in the iris, ciliary or posterior to these. The sudden swelling of a lens from a simple or lacerating blow, or following a discission for cataract. "In ten eyes blinded by secondary glaucoma following cataract operation, the microscopical examination showed that the filtration angle was closed in the neighborhood of the scar in every case; in eight cases the opposite side of the eye also, and probably throughout the whole circle; where it was not closed it was blocked with exudation. In nine of the cases the capsule was adherent to the scar, and in the tenth, from which the lens had been removed in its capsule, the hyaloid was adherent in like manner," Norris and Oliver.

A posterior synechia resulting from an iritis or an anterior synechia due to perforating wounds or ulcers of the cornea, would induce glaucoma by interrupting the outflow in the filtration angle. Many other causes as staphyloma, dislocation of the lens into the anterior chamber, intra-ocular hemorrhage which resembles very closely the primary form, coloboma, congenital buphthalmos, which results from a congenital closure of the angle causing enlargement from the extremely high tension, and many other conditions that are not as easily traced.

(To be continued.)

Dr. W. F. Mitchell, of Lancaster, Mo., has had some excellent results in treating persistant vomiting by the external application of cold water. He says in the Virginia Medical Semimonthly:

The effect of cold can be had much more efficiently through the medium of water than in any other way, as by this means we can reach the surface more thoroughly and have closer contact than by any other means. The application of cold water conveys an impression to the nervous system—as it were a shock, an impression that is transmitted to the stomach when applied over the epigastrium, reflex in its character, which is sedative in its action, and restores quiet to the restless organ. In the application of cold water the condition of the heart should be noticed. There can be no objection to this remedy in peritonitis any more than in its use in pneumonia, where it is successfully employed. It is at hand almost everywhere, is prompt in its effect, safe in its application, and will control persistant emesis, where other therapeutic measures fail.

ALKALOIDAL THERAPEUTICS

This Department is conducted by A. L. Blesh, M. D., 709 W. Noble Ave., Guthrie, Oklahoma. Original articles, reports and notes on dosimetry are desired for this Department.

ALKALOIDAL MEDICATION.

(Sixteenth Paper).

By A. L. Blesh, M. D., 709 West Noble Ave., Guthrie, O. T.

ZINC PHOSPHIDE.

Zinc phosphide, standard granule gr. 1-67. The indications for this remedy you will search for in orthodox literature in vain. Physiologically its action has been presumed to be equivalent to that of phosphorus of which it contains 25 per cent. There are many of us who have been carefully trying the remedy who do not believe that all is said yet concerning its physiologic action. And we know that from a therapeutic view much remains to be told.

In my experience the dose to begin with should be from 1-12 to 1-3 grain, the granule being rather too small for convenience.

In Waugh's writings I first read of its specificity in herpes zoster—a statement which I have amply verified in my own practice. The manner in which it controls this stubborn and distressing ailment is a delight to both physician and patient. The writer administers 1-3 grain from three to four times daily for this affection. It is well tolerated by the weakest stomachs, and is tasteless.

Zinc phosphide probably has a future in many pathologic nerve phenomena. The writer has seen it promptly relieve post-grippal neuralgia, and then he has seen it as promptly fail to do so. Its true indications should be so worked out that we would be able to tell beforehand those cases in which it will be of service. The only place that this can be done reliabily is at the bedside.

COMPOUND GRANULES.

Having now briefly reviewed the more important of the alkaloidal remedies we will consider a few of the combination granules, without which the dosimetrist would feel lost. It will be remembered by the reader that many of these combinations in varying proportions, were referred to when treating of each alkaloid. Certain combinations have so proven their worth that the manufacturers have prepared them as a single granule, no larger than the ordinary granule, for convenience in prescribing. Not only are they more convenient, but the saving in labor in their manufacture makes them cheaper as well.

The ones we shall consider in this series are:

1. Anodyne for infants. (Waugh).
2. Chlorodyne.
3. Defervescent Co. No. 1. (Abbott).
4. Dosimetric unity No. 1. (Burggraeve).
5. Dover's powder. (modified, Waugh),
6. Uterine tonic. (Buckley).

After these have been reviewed we will conclude the series with an article on intestinal antisepsis.

ANODYNE FOR INFANTS.

This valuable granule contains the following combination:

Nickle bromide, gr. 1-134.
Codeine sulfate, gr. 1-67.
Powdered ipecac, gr. 1-135
Lithium carbonate, gr. 1-25
Oil of anise, gr. 1.134.

The indications for this granule are precisely the same as for morphine in the adult, i. e., pain from any cause. It will combine well with practically all remedies, as aconitine for fever and inflammation, bromides for spasms, etc. The restlessness of teething will yield kindly to it and give to the wornout, anxious mother as well as the fretting babe, rest.

A few granules with the grandmother's dose of castor oil will inhibit the griping of the oil better than anything else with which I am acquainted. A few doses will quite usually put the colicky babe into a peaceful refreshing sleep.

As a sedative for baby's cough it will be found to be the ideal thing. Of course it will be remembered that not all coughs should be quieted, but there are many, I might say the majority, that require nothing else than the granule together wilh attention to the bowels. These little patients, too young to expectorate, suffer vastly more in proportion from auto-toxaemia than do adults. They cough up and swallow the exudate from the lungs, and this makes a great breeding ground for microbic life in the gastro-intestinal tube. This tract should be kept swept clean. For this purpose minute doses gr. 1-10 of calomel every half hour, until it acts well, followed by a pleasant effervescing saline laxative, is usually considered good treatment.

For the fretfulness of the teething babe it has no superior. Many of these little ones suffer intensely during the dentition period. Whoever has cut a wisdom tooth needs no great array of argument to convince him of this fact. Dentition may be purely a physiological process but the observant physician knows that the physiologic process is often accompanied by pathologic aberrations fraught with danger and suffering. A state of high nervous tension exists with most of these little ones at this period and this may easily pass the safety line into the sphere of dangerous reflexes. If the teething process is entirely without danger why are so many infants troubled with digestive disturbances at that time beyond all other times in its history?

The anodyne granule will allay many of these always unpleasant and sometimes dangerous symptoms. The infant is entitled to relief from its suffering far more than is the adult to whom we find ourselves so ready to extend the boon. The latter are frequently the transgressors and the direct cause of their own suffering, but the little child never is.

A babe a few days old may take one granule dissolved in a little warm water every 20 to 30 minutes until relieved, older ones proportionately more.

CHLORODYNE.

The chlorodyne granule contains:

Morphine sulfate, gr. 1-24,
Cannabine tannate, gr. 1-67,
Hyoscyamine amorph., gr. 1-1000
Oleo-resin capsicum, gr. 1-134
Ol. menth. pip., gr. 1-67,
Glonoin, gr. 1-500.

This is the old chlorodyne mixture with which all are familiar, reduced to an alkaloidal basis.

It assuredly is balm to abdominal pain. The morphine relieves pain, the hyoscyamine and glonoin dilate the capillary system and flush the surface, thus relieving congested centers, and the same time unlocking local spasm.

The manifold uses of this combination will be perceived at a glance aud need not be further dwelt upon in this paper. It is far more convenient for dispensing and carrying than the old fashioned liquid preparation. From one to three granules may be given every ten to thirty minutes until relieved.

(To be Continued.)

AN ALKALOIDAL COGITATION.

By Ralph St. J. Perry, M. D., Farmington, Minn.

I wonder how many of my friends realize the advantage they now possess over those to be had twenty or thirty years ago—yes, even ten years ago. When I look back to the early '70's and compare the present with those days, I feel that the M. D.'s ought to feel happy even if the druggists do not. In those days prescriptions called for drachms and pints where now they call for grains and ounces; quinine was worth twenty dollars an ounce, and I remember the proprietor would not trust me to go to the wholesale house for it lest someone knock me down and rob me of the precious stuff. And how the patients and doctors would "roar" if they thought you substituted cinchonidia for quinine, but now that there is only a few cents difference in price some of the faddists who value a thing by its price have discovered new and undreamed of virtues in the cinchonidia and the once omnipotent quinine is in danger of being relegated to the rear.

Then came the advent of the alkaloids, the shrinkage in bulk of the prescription, and finally developed the habit the physicians have of dispensing their own medicines. Several elements led to this condition of affairs—the inability to secure satisfactory remedies from the druggists, the desire to emulate homeopaths who secured quite a bit of practice because they created no big drug bills, the desire of the physician to keep to himself the many details of his business which the prescription would reveal; and many other causes well understood by the doctor who has had to deal with the inquisitive or careless druggist.

How I used to envy the physicians in the large hospitals of New York and Philadelphia and in the European centres who used to send out their monthly reports, via the medical journals, of the wonders they accomplished with some of the rarer alkaloids. I remember on one occasion reading the report of a case which corresponded exactly with one which had been worrying me for days—and it had been cured with one dose of a wonderful alkaloid—one dose! Ah, that was the stuff for me; and I hastened to the drug store and demanded instanter some hyoscine hydrobromate, the magic drug which was to cure my patient and bring me fame and fortune, plus or minus; but, alas, the druggist had it not. Neither had twenty or thirty others to whom I had applied, and finally I returned to my first love and asked him to "order some for me." He looked it up in a price list and told me it came only in fifteen-grain vials and one vial would cost me about seven dollars! Between gasps the order was countermanded, and I sent to New York for one grain of the drug which I triturated with sugar of milk. This trituration was used for some time but finally got damp and spoiled and the bulk of it was lost. This same trouble was experienced with many of the rarer alkaloids and salts until finally we had to depend altogether upon the U. S. P. drugs or those in popular demand. This was a good thing in one way as it forced us to study up the various indications of these remedies.

But now, glory be to Abbott et al, things are different, and "any old doctor" who sees fit can keep himself supplied with all the rarer up-to-date alkaloids and salts and can instantly apply the indicated remedy whenever he wants without having to send to some distant chemist and without asking his local druggist to stock up in large quantities. The Abbott Alkaloidal Co., of Chicago, supplies the various remedies in any quantity at

an average cost of twelve cents per tube of 100 granules, or one dollar per thousand. Study the therapy of the alkaloids, the only exact system of dosage, and lay in a supply of drugs so that you will be equipped to meet any emergency. One hundred granules will surely last you until more can be secured by mail if needed. They are prepared so that they do not lose their virtues if properly cared for, and the sense of security you feel in knowing that you are prepared is certainly worth the few cents' cost.

HYOSCINE.

The following case reported by Dr. Sharpless, shows a useful application of hyoscine: Woman aged 20, a music teacher by occupation, working very hard, eating irregularly, being of a nervous make up, or, as she expressed it, she was always irritable, impatient and in a hurry. Outside of a goitre that her mother had, there is nothing in her family history. Of her initial symptoms I have not a very good history, though as I recall it the first thing she noticed was her weakness followed by persistant nausea, vomiting and constipation. When she was 16 years old she noticed a goitre which had not increased in size when I saw her. Her eyes were prominent and so remained while she was under observation, but are not now so prominent, which she attributed to a swelling of the upper lip. She was in bed when I first saw her, and stayed there from February 22nd to the first of June, though she was only under observation three weeks. Her treatment was hyoscine gr. 1-100 three times a day, which was kept up till the middle of April, and an ice bag over her heart. She was fed per rectum. The patient made a complete recovery.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

PRACTICAL SUGGESTIONS.

DR. PARRISH'S CASE.

Referring to the case of Dr. M. F. Parrish, page 41, if catarrh of the stomach means chronic inflammation, as I understand the term, I would put the patient on nitrate silver, two gr. to an ounce of water; one teaspoonful once or twice daily—then bismuth subnitrate 5 gr. three times a day, and alternate with the bichromate potassium, 1-16 gr. To keep the bowels clean I would use enemas of warm water.

For acid stomach bicarbonate soda, arseniate strychnine, 1-60 after eating. Avoid coffee and use principally cornmeal bread. Dilute muriatic acid as a drink when desired. The patient should use some iron spring water or some solution containing the iron, as for instance, the "acid iron tonic." This is made by mixing one ounce each of nitric and muriatic acids, and adding 120 gr. sulphate of iron; let stand to digest for 24 hours. Dose about ten drops in four oz. of water or dilute to taste; sweeten if desired. This may be used as a beverage at any time, and if taken warm has a pleasant effect in cold weather. I would avoid purgatives by mouth, as they upset the stomach. Of course the acid tonic should not be given with the other medicines.

PRURITUS ANI.

Talking of pruritus I made a hit a few days ago. I had a case of pruritus of anus and scrotum, on which I

had tried everything I could think of or read of. I noticed in the advertisment that "pineoline" would cure it. Well, I had none of it; so I used pinus canadensis (white) and in a week my case was cured. I rubbed it in well and let the rag stay on the parts at night. The itching has not returned now in a month. It is certainly a relief to me, and to the patient doubly so. About one ounce was used. Since then have cured a case of vulvar irritation in a woman of 61 years, which had troubled her for several years at short intervals.

BEN H. BRODNAX, M. D.
Brodnax, La.

CHIPS OF THOUGHT.

Gathered from medical thinkers and investigators, new and old. A historical, biological sketch, including a few remarks to spice the reading, animating the thinker to consider the power of lives.

Vis vitae ex-parvoulo incipere.

Referring to my little articles occasionally appearing in medical papers, I do not wish to be undertsood as if I intended anything else but a plain communication of the proceeds of many years of careful reading of master works, new and old, and the visiting of medical schools and hospitals in the old countries with my eyes open for information.

Further I would humbly suggest, do not throw abruptly overboard questions appertaining to medicine or religion, because they concern public welfare. Bethink them, and if able draw logical conclusions. Many an important doctrine is gained by logical inferences from the controversy of scientific opponents, so here—it does not show the scholar to abruptly say no. This is mostly a testimonium paupertatis, but weighing the matter of differences, forgiving enthusiastic overstepping, remembering that medical history is full of them.

Always consider that the errors of wise men are full of instruction. And man may give an opinion, but not every mind is qualified to collect any arrange important facts. It is amusing to observe how otherwise deep investigators, being entangled by their predjudices, tried for centuries to overbridge the chasm between lives and the powers of lives. (I use the plural because the God given Hebrew has no singular for it, as life is an aggregate of lives). It is amusing how "lights" rhetorically tried to dodge even the name of the real powers of lives. This makes me think of Saint Paul visiting Athens, finding many statues of Greek Gods, among them one to the unknown God. Just so in medicine—hunting for the power of lives. Remembering Psalms 193, verse 14, we will never exhaust that wonderfully made man by using microscopes unless we reverently approximate the leading scriptural limits. In speaking of the powers of the propulsion of the blood etc., the blood itself is the first subject of consideration. We have volumes of wise men's thoughts on blood analysis and therefore it would be carrying owls to Athens for me, a country lad of 74, trying to repeat stubborn facts laid down in their elaborate works. It will suffice for the thinking reader to be reminded how many of the parts are really in the blood, and how many parts are of chemical combinations. If we really have the corporials of the blood we only have that delicate engine—the propelling power, nature's (zooe) electricity is wanted, without the which the elegant and highly scientific analysis remains very learned but death for effect. The reason why is plainly stated by St. Paul, Romans, chapter 1, verse 28.

After the mental darkness of the middle ages, a new day began to dawn

but slowly. Search and research elevated the minds. William Harvey, like a morning star stepped forth with his declaration on the circulation of the blood, indicating as well as Plato, Hypocrates, and hundreds of others, a power besides the heart action for propulsion. As acknowlegement for Harvey's labors, the doctors hissed him out of London. The idea that electricity is created in the blood by friction of the blood in the blood-vessles, so much in vogue in the first quarter of the century, is not acceped because of its felicis-antipater idea, it takes power to cause friction, where is the power?

I would not have spoken of Paracelsus, but as Prof. Dr. Virchow so lauded him in his London oration, Oct. 23, 1898. I will spin out briefly the case of Paracelsus in the man, I have accepted him for at leased twenty years, that grand, deep, naturally gifted, honest mind. He traveled in Spain; then the seat of medical learning by the Moors and Jews, who had accepted the Greek knowledge; an emigrating association of that nationality having founded Mount Pellier, in France about nine hundred years ago, on Hypocratic principles, kept up to my knowledge to 1871, when I had the good fortune to visit that school, also France, Italy, Hungary, etc. He became professor at Basel Medical School 1527, by the recommendation of that great reformer, Oecolampadius (and Erasmus?).

Neither Huxley nor Prof. Dr. Virchow fairly understood that great man, who in fact had the best and most correct ideas of biology, which Prof. Dr. Virchow himself acknowledges, saying: "No one of the older authors proclaims it more distinctly than Paracelsus, but destroyed this good idea," etc. No "but" on Paracelsus! He stood above the common herd of the prevailing money physicians; their low lived envy bore heavy on the just man's mind.

He had no pupils like Huxley or Prof. Virchow with long and vigorous preparatory education, no A. M's. or B. A's. or testimoniums of maturity; his hearers were mostly as he says himself, "Ungeleckte Schweitzer." He had to give a name for that power of lives, so he called it Archeus, (Archeyos, i. e., a beginner, a leader of the way; and what could be more appropriate?) and what of it? Is it plainer to say electricity, anima, spiritus, or archeus? It must be expressed by some term.

His opponents, dirty slanderers, and Kurt Sprengel, the medical historian, a thoughtless copyist, as well defined by scrutinizing Dr. Epstein, of Virginia, caused him to write in oracles and mystic forms, to thwart his enemies when he would instruct his friends. It is Paracelsus who had the best foundation on medication even down to infinite doses. How happy would he have been if he had our alkaloids. The great man was antagonized by a lot of greatly inferior opponents, and thereby almost driven to madness.

Paracelsus says, the spiritus vitae is a spirit ruling in all members of the body, one spirit, one power, the highest power of lives, through which all members live, in the heart he thrives heartlike, in the lives he thrives lifelike. "He" influences all the firmament, this is the spritus vitae vapore, celesti, invisibilei. (Where is that bungling archeus of Prof. Virchow?)

How scientific and really deep are those last expressions, considering the age in which he lived! (I have read his works; I think I judge him justly considering historical circumstances.) Prof. Dr. Lobstein, of Strassburg, a thinking worker, says: Would it be permitted in natural philosophy to use allegories, to personify produc-

tions of thought, I would say that the nerve power holds in subjection the whole humoral system, dictating absolute laws unto it. I pretend to say that outside of this power, no other system can be conductor of that energy appearing in all organic life. Dieser hauch, this breath acting everywhere where there is life. This is a statement of eternal truth, so nobly accepted by the Greek fathers. (Reading it from their unknown gods, this virtus plastica, as the philosophers call it, deserves consideration.) This, at least, is certain, that no development, either bodily or mentally, can exist without that power backing it.

(To be Continued.)

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Sheboygan, Wis.

GYNECOLOGICAL NOTES.

There is a long line of chronic uterine derangements that fall to the lot of every general practitioner, which come to him for relief, and which he must know how to treat in the most practical and beneficial way, or see them go to his more worthy competitor or to the specialist with much financial loss and with no small amount of chagrin and humiliation. The physician who can successfully relieve and in many instances cure these cases will receive many a word of commendation from his female patients which, to a large degree, will add much success to his practice. Nine out of every ten females have some vaginal or uterine derangement, mostly chronic, simply because women almost invariably put off any acute ailment of this region unless it is severe, until it becomes chronic and begins to drain upon the general health, and when they do present themselves they need prompt relief and the very best treatment. It is every physician's business to know how to help these poor mortal Eves back to health as far as it is possible to do so.

For the past two years I have been using a uterine suppository consisting of anazyme, extract of calendula, thymol, euculyptol and alum made by Maltbie Chemical Co., of 221 Fulton St., N. Y. City, and who deserve the commendation of all physicians for placing so many elegant, meritorious and valuable preparations in the hands of the profession, at a very reasonable price. I have used the above uterine suppository with the greatest of satisfaction and benefit, affording prompt relief, where it was possible and without one failure. I will cite some cases from practice with results from the use of these suppositories.

Case I. Mrs. A. Had been married a short time. Being pregnant, she fell some way and abortion was the result in the early months. Another physician had attended her. She recovered partly, but at the next appearances of the menses she suffered very severe pain through the period and was confined to bed. This continued at the succeeding periods and she consulted me to find relief from the subjective symptoms. I diagnosed her case as one of subinvolution of the uterus with engorgement due to the abortion, as she never had any trouble whatever before the abortion. I also told her that there was some displacement and instructed her to assume the knee-chest position every day to help the uterus assume its normal posltion. For certain reasons there was no digital examination made as she did not desire it unless actually necessary. She was given a number of anazyme tablets with the instructions to use one twice a week on retiring, being told to be sure and place it well up to back of the neck of womb with finger after lying down in bed, having used the douche in the afternoon or early evening of the day

she used the suppository. She was charged not to use the douche again until a day or 36 hours after inserting a suppository so as to let the medicant have full effect. She used a warm douche three or five times a week. She improved from the start and at the second or third menstrual peroid she was free from the severe ordeal. She is now pregnant and expects to be delivered in a month or so.

Case 2. Mrs. B., aged about 25, married, has several children. After her last confinement, when menstruation was reestablished, she was troubled with great irregularity. They would come on every two or three weeks and the flow was excessive, lasting a week or longer, and greatly reduced the strength of the patient, so that she had to lie in bed to rest. She was also troubled with a great deal of aching in the back when having to be on her feet any length of time. She had been treated by another physician some six months before, who inserted a soft rubber pessary a month or two. She felt better for a little while and then grew worse and consulted me. Vaginal examination showed cervix ulcerated and swollen, and a profuse leucorrhoea, which according to the patient's history, had existed for a number of years. The ovaries were congested and painful on pressure. I inserted tampons of glycerine, boracic acid and acetanilid twice a week, packed well up against the ovaries. For home treatment she was given the anazyme to use twice a week with hot water douche between. About two months of this treatment with several medicated uterine injections into the uterus, placed her once more in a good condition, with no more excessive flows. She uses the anazyme tablets occasionally at home to keep the parts cleansed. She has enjoyed good health since, as to this ailment, which is nearly a year ago.

Case 3. Mrs. G., aged about 50; troubled with severe pain and soreness over the uterine region, so severe that she was not able to do very much house work and was miserable. Examination by vagina, showed quite an engorgement, leucorrhoeic discharge, and very tender ovaries. The os was hard and sensitive and some bleeding. I was almost inclined to suspicion cancer, but still there were some points which did not clearly show. Here was a case that could not take any office treatment as she lived twelve miles away, and could not afford to come back and forth. The case had also been in the hands of another doctor with little or no help, and the patient, who had very little money, despaired of spending any more. I told her she could be helped. I had to wholly rely on the merits of the anazyme tablets, and I considered this a good test of their efficiency. She was told to use them two or three times a week. They did the work exceedingly well, inasmuch that in less than a month she felt so much improved that she discontinued treatment and that over eight months ago, and as far as I know, she has not had a return of the soreness nor pain. Here was a case where the suppositories were relied on alone, as no tamponing was done and they did all that was expected from them.

Case 4. Mrs. P., a middle aged lady troubled with an excessive and prolonged menstrual flow which made her very weak. Vaginal examination showed a chronic fetid leucorrhoeic discharge, inflamed cervix and ovaries enlarged and tender. This was another case that could not come to the office for tampon treatment, so the uterine tablets had to be relied on to do the work without any help otherwise than hot water douches. That they did very promptly. The excessive flow was checked, and the leucorrhoeic discharge improved. The

pain and soreness disappeared, and she felt like a different person.

Case V. Mrs. ——. Aged about forty or perhaps a little older. Had produced an abortion by using a bougie and when I first saw her she was very weak from loss of blood, and the vagina was filled with clotted blood of fetid odor. There were pain, fever and tympanites present, and some septic infection had taken hold of the system. After thoroughly cleaning out the vagina and scraping out the uterus which was full of decomposed material of unpleasant smell, she was thoroughly douched out with a strong antiseptic solution. This was done every day for the better part of a week. Then I inserted a anazyme suppository after douching every several days. She had been having a bad leucorrhoea for a number of years and had had quite a large amount of pain and soreness in the uterus and its appendages. A very thick creamy discharge was present and very much pain and soreness, especially on the left side since the abortion. I suspected that there were inflamed tubes with exudate from the membrane lining the tubes. Douching and using the anazyme tablets every several days soon arrested the discharge and pains and soreness rapidly vanished, and case went on to a rapid convalescence.

In conclusion let me say that these anazyme suppositories are a very valuable thing to use in any inflammation of the uterus either acute or chronic with or without a discharge. They act promptly, depleting, healing, soothing, antisepticing the inflamed tract, giving relief promptly and can be relied upon every time. They are easily inserted by the patient and do not soil the fingers. I consider them one of the very best I ever used, and everyone who will give them a fair trial will be convinced of their merits.

S. D. Sour, M. D., Princeton, Minn.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor.

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Letters, Case Reports and **Questions** are desired for our Discussions Department.

Society news and reports and items of interest are gladly received

HALL & THORNE, Publishers, Janesville, Wis.

Several months ago in an editorial article we condemmed the practice of throwing around samples of patent medicines. This editorial was reproduced in other journals, approving the suggestions. We notice the following in the last Druggists' Circular:

A correspondent of a publication devoted to the interests of advertisers, with less regard to what it advertised, and how, than to the agency through which the agency is placed, writing from Leavenworth, Kan., speaks about the samples of a "candy-cathartic" recently thrown broadcast in his neighborhood. To this correspondent it seemed quite funny that all the children who had been deceived by the word "candy"—which they understood—into eating a "cathartic"—which they did not understand—should keep their parents up all night. He concludes by saying that if any "patent" medicine man showes up thereabouts again with "candy" samples he will be mobbed by the watchful mothers.

Maybe one of these days the mothers will be relieved of their vigil by boards of health, etc., but at present "Lynch law" is their only weapon.

ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

The latest cure of hiccough is to firmly depress the tongue, which is said to at once stop it.

Solidified alcohol for heating, has been introduced by a German firm. It is moderately firm and is sold in tin containers.

Milkine is being used more extensively than ever by physicians, who find that they can rely on it as being just as represented.

Dr. J. P. Koonse, of Lafayette, Ind., has given much attention to the treatment of the opium and morphine habits and has perfected a system of treatment, which gives satisfactory results.

The fifty-third annual meeting of the Wisconsin State Medical Society will be held at Oshkosh, May 3, 4 and 5. The provisional program shows a large variety of papers by leading physicians of Milwaukee and the state.

Dr. Philo L. Holland, a talented and popular physician of Chicago, died of pneumonia, March 2. He was a graduate of the Chicago Medical College, class of 1890, and an ex-interne of St. Luke's Hospital.

The Western Surgical Dressing Company has purchased the business of Pauly & Pauly. The members of the new firm have had fifteen years' experience in the business and will give satisfaction to their patrons. The traveling representative is Mr. Max Reinnoldt, who is well and favorably known to the Wisconsin profession.

In cholera infantum the imperial granum food has proved of priceless value being often the only nutriment found suitable and capable of being retained. Thousands of lives have apparently been saved by its use, and it has seemed to possess not only nutritive but medicinal value, so immediately soothing and quieting was its effect. This shows the vital importance of such a nutriment, one that is pure, natural and unsweetened and that can be easily and quickly assimilated even when the digestive powers are impaired by disease.

To illustrate the rapid reduction of flesh produced by thyroid treatment, the following case taken from an article by Dr. M. Weiss, of Vienna, published in the Wiener Medicinische Wochenschrift, No. 41, 1898, will prove of interest: A hotel-keeper, 45 years old, a gourmand and heavy drinker, presented the typical picture of the plethoric form of obesity; symptoms of stagnation in the abdominal organs, bronchial catarrah; weight 103 kilos. During 36 days he received 98 tablets of iodothyrine. In order, however that in this case of obesity from over-feeding the action of iodothyrine should not be neutralized by immoderate eating and drinking, it was considered necessary to supplement the medicinal treatment with an appropriate regimen. The time of meals were therefore regulated, fatty and sweet foods were permit

ted only in small quantities, and the supply of alcohlics was reduced to ½ to 1 liter of beer and ¼ liter of wine pro die. All severe muscular exertion was avoided at the beginning of the treatment. The results of this treatment were excellent. The reduction of the bodily weight after the first week amounted to 5 kilos, after the second to 8½, after the third to 10½ and after the fourth to 12 kilos. The symptoms of stasis had in great part disappeared, the condition of bodily strength was satisfactory, and the patient was able to take walks of several hours duration, and to make a tour through the mountains.

Dr. Wm. Murrell, of London, in an article in the Pacific Medical Journal, on dyspepsia, makes the following useful suggestions: Many prescribers have no facility in manipulating their bitter-tonics. They order some one particular member of the group with which they are familiar and ignore the others. If they prescribe gentian they prescribe gentian always, and never use its congeners, quassia, calumba, chiretta, and so on. Then again many people have very little practical acquaintance with the value of oil of cajeput in the treatment of dyspepsia accompanied by flatulence. In a well known book on diseases of the stomach, I find a long list of antifermentatives, including resorcin and beta-naphthol, but not a word about cajeput. Three drops of oil of cajeput on a piece of sugar or on a crumb of bread, taken frequently, is worth all the others put together. It is not only antiseptic but it is agreeable to take. Glycerine, too, is an excellent remedy, and a teaspoonful in a glass of water, flavored with a few drops of lemon juice will, in many cases, effect a speedy cure. Very often I use equal parts of glycerine and glycerine of borax. A useful preparation is boro glyceride, half a drachm; glycerine, half a drachm; spirit of chloroform, fifteen minims; syrup of lemon, half a drachm, and water to an ounce. Capsicum is most useful in alcoholic dyspepsia and in the gastritis of drunkards. Minim or two minim doses are ample, but the tincture must never be given in an effervescing mixture or you may blind your patient. The custom of stimulating the mucous membrane of the stomach by the application of tincture of iodine is a good one. I order ten minims of tincture of iodine in an ounce of water, with half a dracm of glycerine. It is administered before food, and the patient is directed to roll over from side to side once or twice so as to diffuse it evenly all over the lining of the stomach. It gives rise to no pain, but only to a pleasant sensation of warmth, and I have never known it to do any harm even when there has been reason to suspect the existance of ulceration. Bichromate of potassium is another drug which it is impossible to ignore. Prof. T. R. Fraser of Edinburgh, to whom we are indebted for the introduction of this remedy, has shown that it is capable often in a short time of removing the entire group of symptoms encountered in dyspepsia, especially anorexia, pain, nausea, vomiting, and gastric tenderness. It should be administered fasting in doses of from one-twelfh grain to one-sixth grain three times a day, either in solution or in the form of a pill. The solution may be conveniently flavored with syrup of tolu or syrup of orange and the pills are best made up with kaolin ointment. In cases of gastric ulcer the results are just as favorable as in simple eases of dyspepsia, with the exception that in acute gastric ulceration with hæmatemesis, the bleeding from the stomach is not checked.

THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

DISEASES OF THE EAR, NOSE AND THROAT AND THEIR ACCESSORY CAVITIES, by Seth Scott Bishop, M. D., D. C. L., LL. D., Professor of Diseases of the Nose, Throat, and Ear in the Illinois Medical College; Professor in the Chicago Post-Graduate Medical School and Hospital; Surgeon to the Post-Graduate Hospital, one of the editors of the Laryngoscope, etc. Second Editon. Thoroughly revised and enlarged. Illustrated with ninty-four Chromo-Lithographs and two-hundred and fifteen Half-tone and photo engravings. 6½x9½ inches. Pages xix.–554. Extra Cloth, $4.00 net; Sheep or Half-Russia, $5.00 net. The F. A. Davis Co., Publishers, 1914–16 Cherry St., Philadelphia.

Desirable works on these diseases are not so numerous but there is room for additional works of real value. While many practitioners have a number of excellent works, such as MacKenzie's, Bosworth's, Browne's and Sajou's, yet no medical library can now be considered complete without Bishop's work. This work is modern in every respect, and presents the many original ideas and methods of the author. The first edition of the book was soon exhausted and we now have the second. The deficiencies of the first edition have been remedied and considerable matter added. New articles have been added on Pachydermia Laryngis, Autoscopy, Related Diseases of the Eye and Nose, and Life-insurance Affected by Diseases of the Ear, Nose and Throat.

The relation of these diseases to life insurance is important and this chapter is a desirable addition to the work. Lupus, carcinoma, cholesteatoma, tuberculosis or syphilis of the ear, nose or throat, would prevent the acceptance of a life-insurance risk, which might be satisfactory in other respects. The dangers of non-suppurative inflammation of the middle ear affect life insurance risks as such cases are liable to death from accident, on account of the impaired hearing.

Dr. Bishop does not use much space for the anatomy of the parts and we believe this right, as any physician can easily get this from his standard works on anatomy.

All the various diseases of the ear, nose and throat are carefully described, and the appropriate treatment given. The numerous illustrations and colored plates are especially fine and valuable. One especially useful colored plate gives twenty-four figures of the membrana tympani in health and disease. The book as a whole is a good production and cannot fail to be useful to every physician in every-day practice.

A TEXT-BOOK ON PRACTICAL OBSTETRICS, by Egbert H. Grandin, M. D., Gynecologist to the Columbus Hospital; Consulting Gynecologist to the French Hospital; late Consulting Obstetrician and Obstetric Surgeon of the New York Maternity Hospital; Fellow of the American Gynecological Society, etc. With the Collaboration of George W. Jarman, M. D., Gynecologist to the Cancer Hospital; Instrnctor in Gynecology in the Medical Department of the Columbia University; late Obstetric Surgeon of the New York Maternity Hospital; Fellow of the American Gynecological Society, etc. Second Edition. Revised and enlarged. Illustrated with Sixty-four Full-page Photographic Plates and Eighty-six Illustrations in the Text, 6½x9½ inches.

Pages xiv-461. Extra Cloth, $4.00 net; Sheep, $4.75 net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia.

The first edition of this work placed it in a leading position as a modern, practical text-book on obstetrics. The second edition of the book has been thoroughly revised and new illustrations and plates added. It presents the facts relating to pregnancy, labor and the puerperal state and is not filled with anatomy and physiology which occupies so much space in some works.

The subject is considered under four heads—pregnancy, labor the puerperal state and obstetric surgery. Obstetric surgery is handled thoroughly and extensively and this is a valuable feature of the work, as many books do not give this the attention it warrants. As a practical treatise on obstetrics. valuable alike to both medical student and practitioner the book is a most worthy one.

The books recently published by the F. A. Davis Company are marked for the excellence of the illustrations and this book deserves special mention on this account. The many plates and illustrations make many things clear, as could never be done with text alone.

In order to give an idea of the practical value of the book we present a few extracts from the chapter on the care of the new-born infant. In speaking of the dressing of the cord, is said: "This matter is usually left to the nurse, but it falls within the province of the physician, since infection at the site of the umbilicus is a frequent cause of sepsis of the new-born. We are dealing with a wounded surface and the attention requisite is similar to that which any wounded surface demands; that is to say, asepsis is a sine qua non, A pledget of sterile absorbent cotton or of gauze is wound around the cord and this is left in place until the cord drops, varying from the seventh to the tenth day. During this interval the child should not receive a full bath, since our aim is to have the cord undergo dry gangrene after an aseptic fashion and this is interfered with if the dressed cord is wetted, aside from the danger of infection with each manipulation. If the cord has been properly tied there is little danger of secondary hemorrhage except in case of hæmophilia; still it is a wise precaution for the physician to investigate the dressing at his first visit after delivery, in order to satisfy himself that there has been no bleeding."

"An infant can be trained from the start even as can a puppy. If it be accustomed to being rocked and walked the floor with and overfed, so must the parents continue or else have a struggle for the mastery. If from the start regularity of habit be followed, then the nursing mother will secure needed rest at night and the healthy infant will remain so.

Dr. T. B. Gullefer, Greensburg, Ind., reports the following results: I have used sanmetto extensively for the last five or six years in both old and young, male and female, in all forms of irritation of the urinary organs, from nocturnal enuresis in the young to cystitis in the aged, and have been disappointed in but few cases in obtaining good results. Have tried imitations (owing to their cheapness. The results were unsatisfactory. Have returned to the use of sanmetto to a sheet anchor in both acute and chronic conditions of the urinary tract. I obtain speedier and more satisfactory results when given four times a day in drachm doses in hot water.

We are in receipt of reports of smallpox cases in various parts of the country.

NEW INSTRUMENTS.

This department gives descriptions from time to time, of new and useful instruments and appliances.

A NEW EAR INSTRUMENT.

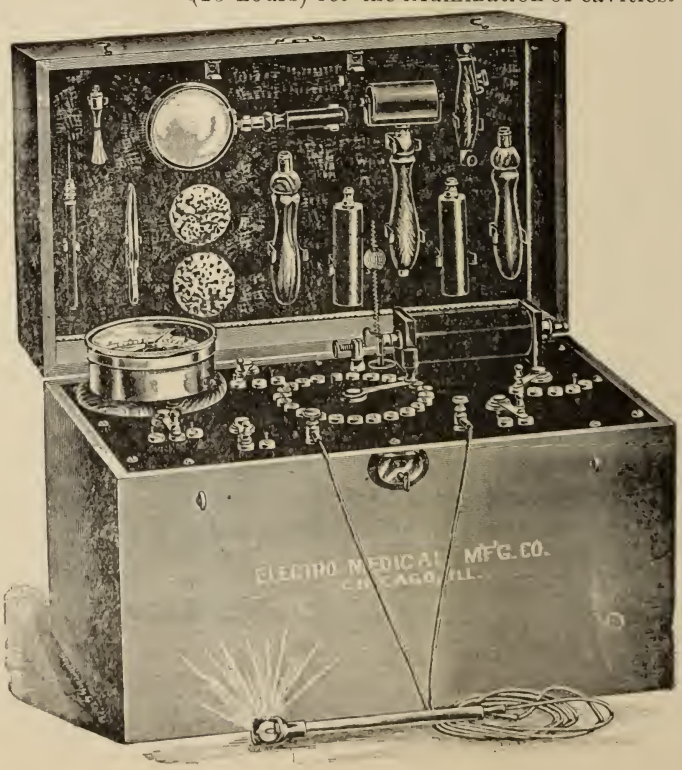
It is often difficult to remove inspissated cerumen from the ear, so that this little instrument is often valuable. It

is known as Hinde's instrument for removing ear wax, and is made in two styles. One instrument blunt pointed for the removal of softened wax, and one with a cutting edge of three millimeter length at the inside lip or edge of instrument. This is used where the wax is of greater density and the plug is readily tunnelled and removed piecemeal or extracted in one lump if too hard to be broken down. The end is thinned out and rounded so that it will the more readily engage the wax, and as already stated one of the instruments has a cutting lip.

A NEW PORTABLE ELECTRIC OUTFIT.

By Gustavus M. Blech, A.B., M.D., Chicago.

Electricity as a therapeutic agent, is employed by the majority of general practitioners with no scientific precision, because of lack of suitable apparatus. The results are poor, for to obtain good results good apparatus is necessary. It is therefore for this reason that electricity is decried by many as a valueless agent, while in reality it is a very valuable means of curing a large number of nervous and muscular affections. With the co-operation of the manager of the Electro-Medical Mfg. Co. I have devised a combination battery which admits of the scientific administration of galvanism, faradism, the practice of electrolysis, and the illumination of small lamps for diagnostic purposes. The illustration gives a fair idea of its construction. The battery has twenty-four cells connected to the galvanic circle, yielding 33 volts. The faradic current produced in the coil is even and smooth, but can also be regulated with Lindstrom's rheotome to from 100 to 4,000 interruptions per minute. There is a selecting switch for primary and secondary currents. Four extra large cells are connected to a German silver wire rheostat for the purpose of running a small incandescent lamp (25 hours) for the illumination of cavities.



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CLINICAL NOTES UPON CELIOTOMY.

IMPROPER CASES—HOW TO AVOID BAD RESULTS.

By Henry T. Byford, M. D.,

Professor of Gynecology in the College of Physicians and Surgeons of Chicago (Medical Department of the University of Illinois).

Celiotomy, as we do it now, is different from what it was fifteen or twenty years ago. Since we have learned the technic and the value of antisepsis, our bad results are comparatively few. There is one class of cases which, however, are becoming more noticeable, viz.: those whose complaints do not correspond with the local trouble. This has been illustrated in my own practice a number of times. I recall to mind the case of a woman with retroversion of the uterus who, since confinement, a few months before, had been bedridden and extremely nervous. On examination I found an enlarged ovary in the cul-de-sac; the uterus was also enlarged, although it was movable. There was slight metritis. After consultation with her obstetrician, who had failed to give her any relief, I removed the ovary, curetted the uterus, and shortened the round ligaments by vaginal section. Shortly after this the patient returned to her home, but in a few weeks she was bedridden as before and blamed me for not having removed the other ovary. At the urgent request of her husband and physician I finally consented to operate again. I did so and found the uterus in normal position but the remaining ovary cystic. Yielding to the request of the physician I removed both the ovary and uterus. We both believed that as long as she had either the uterus or ovaries left she would complain, and that nothing would cure her while they were left.

Another case was that of a very fleshy young girl of indolent habits, with retroversion of the uterus. After treating her for several months I curetted the uterus and removed one ovary, leaving the other ovary, which was slightly affected. But she continued to complain as before. Not willing to unsex her I sent her to a general practitioner to be treated for abdominal pains, backache, lassitude, After failing to make any impression upon the symptoms the general practitioner sent her to me for the removal of the uterus and remaining ovary. I did so under protest. But her backache, abdominal pains, etc., remained, and she went back to bother the general practitioner again.

I performed three peritoneal sections upon another patient; I removed an ovary which did not seem to be very badly diseased, and left the other intact. This patient complained con-

stantly for a year or more; at the end of which time, at her earnest request, I opened the abdomen, found the ovary perfectly normal, and closed the wound without removing it. At the end of another year I finally removed that ovary which had become cystic and the patient has not troubled me since.

Here are three cases in which the pathology was not really sufficient to justify the removal of those organs, and yet the patients complained a great deal. Those represent a large class of gynecological cases who probably never need an operation at all. Their pathology is not pelvic, yet their thoughts and imagination are directed to the pelvis and it is difficult to persuade them that the pelvic organs are not at fault.

These constitute a very important class of cases, and when spaying operations shall have become less popular there will be fewer gynecological operations of this kind.

With reference to the after-effects, and the success attending these operations. There are three things which I think explain why we do not have as bad results now as formerly. The first of them is asepsis. I do not believe there is one operation in ten that is aseptic. Perhaps it cannot be otherwise, on account of the number of nurses and assistants employed in each operation. If we were more painstaking to render ourselves perfectly aseptic, we could safely do almost any operation we desired. Nearly all bad results come from sepsis.

Another thing is to isolate the field of operation within the pelvis and keep away from the intestines and abdominal viscera, and thus avoid complications.

The third thing is to finish the operation and leave the parts in proper shape. To finish an operation is as much a work of art as to finish a picture, and the results of a properly finished operation are very different from those of an imperfectly finished operation.

A point which is not brought out sufficiently often by writers and teachers is the necessity of greater care in the after-treatment, both immediate and remote. I will illustrate this by citing two cases. I operated on a young lady who had been advised to have both ovaries and uterus removed. She was bedridden and had been having the rest cure treatment for two months. I found cystic degeneration of both ovaries, endometritis and severe dysmenorrhoea. I curetted the uterus, cut off all diseased parts of the ovaries, and sutured the remnants of each ovary with fine catgut. Probably I removed two-thirds of each ovary. I kept track of her for several months. At the end of two months she came to my office and I still found slight exudates about the ovaries. I advised quiet for a while longer. At the end of six months no exudate was felt and after this she became so well that she went to dances and danced all the evening without bad effects. She menstruated regularly and painlessly.

In another case of a similar nature I resected a little less of one ovary. This patient returned to her home, shortly after which she commenced to complain, and at the end of three months her physician said she still complained of pain in the pelvic region and wished to send her to me for another operation. The ovary was sensitive, and there was a little exudate about the catgut ligatures. I learned that she had been eating injudiciously and doing heavy housework. I counseled a regulated diet and restricted exercise. She then took better care of herself and gradually got well. Allowing patients to get up in ten days after vaginal or abdominal section, and go home at the end of three weeks, and to partake of

all kinds of food in the second or third week may be the cause of the continuation of symptoms for a long time. The reason that a great many of such women are sick so long is because they are allowed to do things that they ought not to do before the effects of the operation are completely passed off.

In ordinary cases if we operate aseptically, confine the traumatism to the field of the operation, if we properly complete our operation and then look after the case afterwards until the patient is well we will have but few remote post-operative pelvic symptoms.

OPIUM AND ITS ALKALOIDS IN GYNECOLOGY.

By Robert Dodds, M. D. Chicago, Ill.

Opium and its alkaloids in gynecology, is a subject which calls for frequent consideration from the specialist in this department, on account of the recurrence of symptoms apparently indicating the use of this drug.

The uterus and its appendages have a larger supply of nerves from the sympathetic system than any other organs in the body, and this supplemented by several visceral ganglia, make them very susceptible to pathologic impressions.

The varying conditions of the blood supply of the uterus and appendages, commencing with puberty, following right through the child-bearing period, up to the meno-pause, show a great difference between the maximum and minimum supply of blood to those organs which must be taken into consideration in studying the pathology of the pelvis; especially in connection with the use of medicines in controlling such processes.

Opium may be used in gynecology to—

1st. Relieve pain.

2d. In small doses as a tonic to the nerves and blood vessels.

3d. Control vomiting.

4th. Induce sleep.

5th. Allay irritation and consequently support strength.

In large doses the alkaloid acts somewhat similar to large doses of alcohol, viz.: causes paresis of nerves acting directly on the brain.

Attention is now called to a case giving the following history:

1st. Endometritis.

2d. Salpingitis and pyosalpinx.

3d. Pelvic peritonitis with extensive exudate.

The feature of pain in this case was so extreme, that from the commencement of the tubal involvement, the physician in charge administered daily, morphia, in sufficient quantity to allay the pain, but at the same time the bowels were paralyzed, not moving for several days at a time, urination infrequent, in fact the secretions of the body were imprisoned, keeping up a high grade of inflammation when only a moderate degree of involvement might have been present. Upon being called in consultation on the case, I ordered the morphia stopped, saline enemata also salines by mouth freely, until there were frequent copious discharges from the bowels, the intensity of the symptoms at once abated. The pus later in the case, I evacuated per vagina.

A very small dose of morphia at the commencement of the process was indicated to relieve pain, and lessen inflammation by acting on vaso-motor nerves, thus the disease might have been very limited instead of approximating a general peritonitis, aided by salines per mouth and rectum and ice to abdomen.

In dysmenorrhea, there is a great tendency to use an anodyne, both from

the knowledge that it will relieve pain, as well as from the solicitation of the patient to "do something" for her, this is only taking care of symptoms and simply palliative, positively dangerous to the patient, as she may acquire the habit of using the drug, thus leaving a new condition worse than the original. It is so with all the various ills of the female pelvis; is it a great pain in the pelvis that our patient has consulted many doctors about, with only temporary relief being afforded, or undue excitation of the pelvic apparatus? Let us investigate carefully and ascertain what the pathology is: a flexion, a displacement, a neurosis, or adhesions, may be the exciting cause of the initial trouble. Momentarily, should morphia be used, if at all, under such circumstances.

There are cases that I have observed, where the trouble is mental, and not pelvic; it is well to recognize such cases so that proper care may be given. On the other hand, where there is genuine organic involvement, proper operative, or other treatment should be unhesitatingly given; but where a physician neglects these proper interferences and uses anodynes and simple palliative measures, he injures his patient in the possibility of leaving her one of the 100,000 helpless victims of this drug, which we find in our midst—the physician also injures himself.

Preceding abdominal section, or any serious surgical operation demanding anæsthesia, a dose of morphia should be administered; this relieves the patient of much acute tension in the primary stage of anaesthesia, as well as acting as a cardiac tonic and lessening the danger from shock; it also acts as an adjuvant to the anaesthetic, and less is required.

The first twelve hours after laparotomy is remembered by the patient in a great many cases, with horror, the spasmodic twitching of the abdominal muscles, the intense pain in the region of the operation, the ineffectual peristaltic movements of the bowels, the frequent emesis, and the great thirst, is the crowning agony to perhaps weary months of previous sickness—the question is, can we with safety use morphia? in some cases, Yes, in others, No.

Where there is great prostration following the operation, a paralyzed condition of the bowels with no apparent helpful peristaltic motion, in our judgment it would be very unsafe to exhibit opium, or its alkaloids, the depressed condition would simply be intensified, what we need then is heat, hot water bags, a hot water bed, and a tonic, such as strychnia with salines carefully, per rectum and mouth. On the other hand where there is no such depression, but a fair tonicity of the bowels with accumulations of gas at certain points which cause much pain, then a small dose should be hypodermically administered; the spasmodically contracted intestines it promptly relaxes and other conditions being equal, the gas passes out promptly, and the painful condition incident to the operation is relieved.

In cancer of the uterus, we have a disease in which opium is not contraindicated. The excruciating pains and exhausted state of the patient from continuous suffering call positively for an anodyne. It may be administered per rectum, mouth or hypodermically. In this case, the pain and exhaustion is forgotten for the time, and a certain amount of stimulation attained, which can be given in no other way; in fact, it is good practice to use this drug in all cases where the disease is malignant, accompanied with great pain.

Much more might be added to this. In closing, would suggest that where the bromides, chloral, valerian, or other useful sedative can be used, we

say use them every time, in preference to morphia; also, when administering morphia, do not let it be understood by the patients that you are administering this drug and there will be less danger of their continuing to use it afterwards.

Whenever it is considered necessary to administer morphia, all use of it should have ceased sometime previous to discharging patient.

REFLEX EPILEPSY.

By Perry Woolery, M. D., Heltonville, Indiana.

Epilepsy proper is a sudden explosion of nerve force about the motor area of the cerebral cortex, but I find we frequently have a genuine epileptic attack which is purely reflex and not dependent on a true brain lesion, but is caused by some irritation in a distant part of the body, as uterine disorders, pelvic troubles, tape worms and chronic constipation. The latter being the more frequent cause in my experience. The affection is more frequent in females after the age of fourteen years.

Some months ago I was called in great haste to see a young lady aged twenty-two, whom the family thought was dying. The family history was good, being no record of any nervous taint on either side. When I arrived she was lying in a comatose state with froth and blood flowing from her mouth, pupils dilated, respiration normal or nearly so. I secured the history of the attack as best I could from those present, which proved to be a real epileptic seizure with all the characteristic symptoms. She had arisen from the dinner table, gone into an adjoining room and fallen across the bed. Both thumbs were flexed across the palms of the hands which some neurologists claim is almost pathognomonic. After the convulsion she passed off into a tranquil sleep, and on awaking could remember nothing that had taken place except the aura. The girl was a seamstress and had been troubled with dysmenorrhea and chronic constipation for some time; her bowels at this time never having moved for a week preceding the attack, to which cause I attributed her trouble.

Treatment consisted entirely of removing the cause which was much easier done than if the lesion had been cerebral. The family and friends were very much gratified to hear the assurance that she would have no more trouble of that kind if she would only pay more attention to her general health and her habits. I put her on a laxative pill, gave her a general tonic, and asked her to take open air exercise, leaving off the sewing for a while. She is now a rosy-cheeked girl and seems to be enjoying the best of health.

Case II was another young lady, a school teacher, who was also troubled with constipation, due to sedentary habits frequently going as long as a week at a time. She was seized at 11 p. m. with a violent pain in the head which continued till 9 a. m. next day, when she had a convulsion of the "grand mal" type.

After she awoke from the sleep which followed she was placed on migraine and codeine tablets and one-half teaspoonful doses of bromidia for the headache and restlessness which followed the convulsion. A free catharsis was brought about by Epsom salts, then I gave her a good round dose of calomel to arouse up her secretions and left her a laxative to keep her bowels in good condition with general directions as to hygeine. I kept her out of school for two weeks and now she is as well as ever. If we will insist on the laws of health being carried out more fully we will be able to succeed better, both in the

prevention and treatment of this trouble.

I would be pleased to hear from the editor or the readers of the Recorder if they have had similar cases.

GLAUCOMA.

(Fifth Paper.)

J. A. Pratt, M. D., Aurora, Ill.

In the diagnosis of glaucoma many things are to be taken into consideration, and while the symptoms are often very misleading, there are a few reliable symptoms which will place us on the right track. In reference to the internal condition of the eye as cupped disk, etc., the general practitioners are very few who are capable of making an ophthalmic examination. While this seems deplorable it is not particularly so, for in many cases there will be haziness of the cornea or media, as that is quite difficult for even the experienced to see the fundus. In the majority of cases the diagnosis is easily made from the symptoms and if the practitioner find it impossible he certainly can call in counsel and have the point determined.

In many cases you may have a general condition that is misleading. When fever is present and the patient complains of the pain in the head, as headache, our diagnosis is apt to be far from glaucoma.

The acute pain in the head, occuring periodically and at night is most apt to be associated with neuralgia. The symptoms of hardness of the eyeball and the halo will make the discrimination easy.

The deteriorating sight, haziness of the pupil, both in glaucomatous cases and old age, suggest cataract. As we may have a cataract present in a glaucomatous condition, it is best to be particularly careful, as it is rather humiliating to send a patient home to have a cataract ripen and return blind from glaucoma.

The pain and congestion of the conjunctiva may be confused with conjunctivitis or iritis but the abundant secretion in the former and the small pupil, photophobia and possible synechia in the latter make the diagnosis easy. Close inspection with the acute photophobia present differentiates keratitis from glaucoma.

The increased tension is nearly a sure symptom. It is present in serous iritis, but you also have a deep anterior chamber. The tension should always be tested and if it is increased should be looked upon with suspicion. The halo is rarely seen except in glaucoma, and is one of the proof symptoms. With tension increased and halo present you are sure of glaucoma.

The visual field is usually contracted in glaucoma and can be easily examined by holding a small white card in the fingers.

It should always be remembered that you can have other diseases of the eye in conjunction with glaucoma. The mistaken idea that a physician knows everything in reference to the body and disease, is gradually becoming less prevalent. The time has nearly passed when one must acknowledge to know everything in order to be successful in practice. The patients that exact such conditions are the ones that find the most fault with the results.

Prognosis in the days before iridectomy was invariably negative. Not so much from the results of iirdectomy as to the proper diagnosis of the condition. When we have an early diagnosis, treatment has a better chance. In cases brought on by exposure or some constitutional condition the prognosis by treatment is very good. In well established glaucoma the circulation of the ocular

fluids must be sufficient to relieve the tension to cure the condition.

"The effects of operation on 169 eyes with simple glaucoma were the following: Vision improved for a time but a few months later it and the field continued to decrease in 10 eyes. Vision remained unchanged for a year or longer in 36 eyes. Vision became slowly worse in 111 eyes. Vision became rapidly worse in 12 eyes.

"In 149 iridectomies for inflammatory glaucoma. There was improvement in 72.5 per cent.; no improvement in 11.5 per cent.; vision partly retained in 10 per cent.; vision lost in 6 per cent."—Sterling.

The statistics certainly do not look very favorable for iridectomy, but we must not forget that pactically all cases were lost before iridectomy was introduced. Later statistics will undoubtedly be more encouraging.

(To be continued.)

A NATIONAL HEALTH OFFICER.

Both in time of peace and in time of war this country needs a national health officer, with sufficient authority to do what is needed. If the surgeon-general had had sufficient authority, many things would have been different in the late war. The following from an editorial in the American Gynecological and Obstetrical Journal presents some good ideas on this important subject:

When we realize that the food we eat, the water we drink, the air we breathe are not a daily source of pestilence; that the whole country is not yearly swept by terrible epidemics; that so universally inculcated are the laws of hygiene that even the poorest, uneducated citizen cannot plead ignorance; when we realize that all this is due to the constant vigilance and devotion of medical science alone, is it not a shameful absurdity and an anachronism that the sole recognition by the people of these United States of the value of our profession consists of one political appointment in the adjutant-general's department?

Will the profession ever wake up to a sense of self-respect? Will it ever realize that it has corporate needs as well as corporal ones? We believe firmly that it will do so eventually, else we would save our words. And here surely is an object worthy of our enthusiasm, worthy of a little unselfish working for the common good.

As a corporate body of citizens we have a right to representation in the highest councils of the nation, for to what other body of citizens do the individuals, the cities, the states of this country, owe so much? upon whom are they so dependant for that which makes life possible or living endurable. Are the wheat fields of the West and of Texas or the Russian thistle, the dredging of harbors and widening of channels or the internal revenue tax or even the United States postal service of greater value to the community at large than the absence of universal epidemics of smallpox. typhoid and typhus fever, of yellow fever and Asiatic cholera, of filth and squalor and attendant infant mortality? Yet the farmers have placed a secretary of agriculture at the president's elbow and there are a secretary of the interior and a postmaster-general in the cabinet.

The medical profession should and must be represented by a surgeon-general of the United States who is a member of the cabinet, whose appointment shall not depend upon political patronage but shall be made upon the recommendation of the medical profession either from the state medical societies or through a convention of delegates from each state society, such convention to be called by the president of the United States, each set of delegates to be proportionate to the population of the state represented.

HENRY T. BYFORD, M. D.

Dr. Henry T. Byford favors the Recorder, this month, with one of his excellent articles and we take pleasure in publishing with it the author's portrait and biography.

Dr. Byford was born in Evansville, Indiana, November 12, 1853. He received his education in the Chicago public schools, Berlin, Germany, High School, the old Chicago University and Williston Seminary. He studied medicine with his father. the eminent physician, Dr. William H. Byford. In 1873 he graduated at the Chicago Medical College, now the Northwestern University Medical School, and was valedictorian of his class.

Dr. Byford was house surgeon to Mercy Hospital, Chicago, 1873, and practised medicine in Denver, Col., from February, 1873, to March, 1874, then returned to Chicago for permanent location. He was lecturer on obstetrics, Rush Medical College, Chicago, 1889; lecturer on diseases of children, Chicago Medical College, 1877; has been professor of gynecology and clinical gynecology, College of Physicians and Surgeons of Chicago, since 1892; professor of clinical gynecology, Northwestern University Woman's Medical School, since 1895; professor of gynecology, Post-Graduate Medical School and Charity Hospital of Chicago, since its organization; surgeon to the Woman's Hospital since 1883; and consulting gynecologist to various hospitals.

Dr. Byford's practice is confined to gynecology, in which he has attained a world-wide reputation. He has perfected a number of new operations of value. The doctor has devised new instruments, which are in extensive use in gynecological practice. He developed the method of vaginal drainage of the stump and vaginal fixation of the stump in abdominal hysterectomy; revived vaginal oophorectomy in America in 1888; was the first in the United States in 1887, to shorten the sacro-uterine ligaments for retroversion of the uterus; was the first in 1888, to advocate the removal of lateral strips of the mucous membrane of the anterior vaginal wall for cystocele.

As a writer, Dr. Byford is well known to the whole profession, by his books and journal articles. He was one of the co-editors of "Byford's Diseases of Women," fourth edition, 1880, published by P. Blakiston's Son & Co., Philadelphia; one of the authors of the "American Text Book of Gynecology," 1894, London and Philadelphia; one of the authors of "Keating and Coe's Clinical Gynecology," 1894, J. B. Lippincott & Co.; author of Byford's Manual of Gynecology, 1895, P. Blakiston's Son & Co.

The doctor is a member of the leading medical and gynecological societies and takes an active part in their proceedings. He was president of the Chicago Gynecological Society in 1889.

Like other hard working members of our profession, Dr. Byford finds recreation in pursuits outside of professional labor. Dr. Byford enjoys the study of literature and art and is an amateur water-color artist. He has studied with Parisian artists and has decided talent in the work. He was married in 1882 to Mrs. Lucy Richard, nee Larned.

HAY FEVER.

In an article on the use of protargol in rhino-laryngological practice (Archiv fur Laryngologie, Vol. IX, 1,) Dr. Arthur Alexander calls especial attention to the efficacy of this drug in the treatment of hay fever, particularly when contrasted with the inefficiency of other measures. In Prof. Fraenkel's Clinic, in Berlin, with which the author is connected, it has lately been the custom to wash out the nasal cavities of subjects suffering from vasomotor coryza (hay fever) with a 1:2000 solution of nitrate of silver, in order to reduce the sensibility of the nasal mucous membrane, which is the special aim of treatment in vasomotor coryza. This treatment, however, proved to have the disadvantage of exciting profuse secretion and giving rise to neuralgic attacks in sensitive persons, even when used in solutions of 1:4000. Since replacing the nitrate of silver by means of protargol, however, these symptoms of irritation are no longer observed. It has been found that the application of a 5 per cent. solution with massage of the mucous membrane is very well tolerated. Under this treatment the watery secretion disappears after a few applications, although they must be continued, in order to avoid recurrences. Dr. Alexander cites several cases in which after other procedures had failed, a few protargol injections into the nose produced very favorable results.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

CHRONIC GASTRIC CATARRH.

I would say that Dr. Parrish's case, page 41, is one of chronic gastric catarrh, of no serious outcome if carefully attended to, unless there is incipient phthisis or Bright's disease. Has Dr. P. made an urinalysis? Are there any signs of masturbation? Be sure to look after that. Are the seminal emissions more frequent than once in a week or two weeks? Look after these points very carefully.

The treatment which Dr. Parrish has used is very good. I have had quite an extended experience with these catarrhal stomach troubles and have used taka-diastase but find caroid (Chas. Roome Parmele's) better. For the doctor's case I would suggest strychnine arseniate gr. one-thirtieth before each meal and at bedtime; caroid grs. ii or iii after each meal.

The following is a mixture which I have found to be a first class antiseptic to stop fermentation and flatulence:

℞ Ol. Cajeput., ʒ iv.
Glycerin., ʒ v.
Spirit. Vin. recti, ʒ i.

M. et S. Shake well. Ten drops on sugar after each meal regularly and repeat whenever wind forms on the stomach.

I have recently tried this formula and have had untold satisfaction with it in a case of flatulency of years. It acts like a charm. Always have the patient shake the bottle well before taking.

Put the patient on nuclein gtts. iii to v three times daily, as this is a splendid thing in all stomach cases. Caution the patient to eat slowly, chew food well, drink no coffee but malted milk, milkine, cocoa, milk or hot water and use no sweets. The patient should avoid all worry.

If he is anemic or reduced in weight build him up. A splendid tonic is Hensell's solution (Boericke and Tafel) one drachm.

℞ Strych. Sulph., gr. ii.
Syr. Simp., ℥ ii.

M. et S. One-half teaspoonful before each meal in one-half glass of water. Shake well.

I should like Dr. Parrish to try the above treatment and see if it will help his case and report his results in the Recorder. S. D. SOUR, M. D.,
Princeton, Minn.

We should all be glad to have Dr. Parrish report the progress of his case. Readers of the Recorder have freely given good suggestions on the case and are interested in the outcome. If you have a case which you would like to have discussed by bright, practical physicians, send it to the Recorder and you will get some helpful ideas.—Ed.

TYPHO-PNEUMONIA.

On the 6th of January, 1899, I was called to see Charles Ramsey, age 20, and found a well developed case of lobar pneumonia involving the lower lobe of left, and middle and lower lobe of right lung. Usual line of treatment was followed—aconite, veratrum, digitalis, coal tar derivatives, etc., but on the 8th inst., temperature ran up to 105 1-5, with a pulse of 120, After this the case assumed a typhoid character, with the distinctive temperature curve and diarrhœa.

Patient continued worse until the 13th when I received a sample of viskolein and decided to give it a trial. When the afternoon visit was made on the 13th patient was in a critical condition—temperature 104, pulse 140, weak, respiration 32, tongue dry and heavily coated, teeth covered with sordes, lower jaw relaxed and tremulous, abdomen tympanitic and covered with characteristic typhoid eruptions, muttering delirium, subsultus tendinum, in fact, profound prostration. At 4 p. m. viskolein treatment was begun by giving a hypodermic injection of 10 mins. No. 3 solution, in the lumbar region, and one tablet internally. Instructed nurse to give one capsule and one tablet every six hours alternating, and to discontinue all other medicine excepting one-sixtieth grain of strychnia which was given every four hours.

Visited him next morning, the 14th, at 9:30 a. m. Found him bathed in sweat, and bed-clothing wet with same. Gave another 10 min. hypodermic injection of No. 3 solution, left directions for capsule to be given every six hours. Last tablet given at 4 a. m. and I left instructions for another one to be given at 4 p. m.

At 5:15 p. m. saw him again. Temperature 100, pulse 105, respiration 28. Gave one more 10 min. injection of No. 3 solution, and directed tablet to be given every 12 hours.

On the morning of the 15th at 9:15 a. m. I found his temperature 97, pulse 84, muscular tremor, prostration and delirium has disappeared. I gave one more hypodermic injection at 5 p. m. on the afternoon of the 15th, discontinued the tablets, and gave one capsule every six hours until supply was exhausted.

The patient entered a most satisfactory convalesence. Temperature remained normal after 15th, and patient was sitting up on the 23d—10 days after commencement of viskolein treatment.

You will see that I not only reduced the fever, but am satisfied that the

toxic conditions which were present were antagonized with four hypodermic injections of No. 3 solution, five tablets and two or three dozen capsules.

DRS. HARRIS & HARRIS,
Bloomington, Ind.

INTERNATIONAL CONGRESS OF GYNECOLOGY.

The Third International Congress for Gynecology and Obstetrics to take place at Amsterdam from the 8th to the 12th of August, 1899, under the patronage of the Minister of the Interior.

The leading questions for discussion will be the following:

1. The surgical treatment of fibromyoma.
2. The relative value of antisepsis and improved technic for the actual results in gynecological surgery.
3. The influence of posture on the form and dimensions of the pelvis.
4. The indication for cæsarian section compared to that for symphyseotomy and premature induction of labor.

We have succeeded in obtaining the valuable concurrence as reporters of Drs. Doyen, Howard Kelly and Shauta, who will treat the first question; Drs. Bumm, Richelot and Lawson Tait, the second; Drs. Bonnaire, Pinzani and Walcher, the third, and Drs. Leopold, Pinard, Pestalozza and Fancourt Barnes, the fourth.

We propose sending the reports with their translations in the official languages to all the members, a month before the opening of the Congress. As regards private communications, preference will be given to those bearing upon the above mentioned leading questions. Time will also be allowed sufficient for any demonstrations kindly afforded by the members.

The official languages are: English, German and Italian.

We venture to urge our request that you will honor the Congress with your presence and, by communicating your experience, insure scientific results as satisfactory as those obtained by the previous Congresses of Brussels and Geneva. M. A. MENDES DELEON,
Secretary.

Amsterdam, Holland.

Dr. W. Freudenthal, of New York City, who is an authority on laryngological matters, read a paper recently before the New York Academy of Medicine on the treatment of the cough of tuberculosis, in which he said: Another remedy which has become indispensable to me in affections of the respiratory organs is heroin, which I have employed for about six months. This is a morphine derivative, and occurs in form of a white, crystalline powder which dissolves with difficulty in water, but is readily soluble in alcohol. It is best administered in tablets or powder. I have occasionally ordered it to be taken with brandy or whiskey. If it is desirable to give it in drop form, a few drops of acetic acid must be added; the effects are then said to appear more rapidly. If we compare heroin with the salts of morphine and codeine, we find that it possesses certain advantages which render it an important acquisition to the modern materia medica. Above all it is devoid of the disagreeable concomitant effects of morphine, such as nausea and vomiting. Indeed, as is well known, some persons, especially women, develop spasmodic attacks after the use of morphine. To all of these patients heroin can be administered without the least risk. Aside from a certain feeling of lassitude, no unpleasant phenomena supervene.

ALKALOIDAL THERAPEUTICS

This Department is conducted by A. L. Blesh, M. D., 709 W. Noble Ave., Guthrie, Oklahoma. Original articles, reports and notes on dosimetry are desired for this Department.

ADKALOIDAL MEDICATION.

(Seventeenth Paper).

By A. L. Blesh, M. D., 709 West Noble Ave., Guthrie, O. T.

DEFERVESCENT COMP. NO. 1.

This indispensable granule contains aconitine amorphous gr. 1-134, digitalin, germanic, gr. 1-67, veratrine gr. 1-134.

Among all the alkaloidal remedies, and the alkaloidist fears none however active, this combination is by far the most potent we have for the jugulation of inflammatory diseases. If however, we find sthenic fever either before or after it has passed the line and become localized inflammation it is the remedy par excellent.

To those who have followed this series of articles, wherein each alkaloid entering into its composition was considered at length, the varied uses to which it may be put, become apparent at a glance.

This granule may be depended upon to jugulate pneumonia in its early stages, when given dosimetrically to effect. The writer does not wish to be understood as asserting that all cases of acute pneumonia may be jugulated. It is not even possible to jugulate all cases of intermittent fever with quinine and yet there is no considerable number of physicians who do not believe in the specificity of quinine in intermittent malarial fevers. It also must be given to effect. But the fact stands well attested by able clinicians, that many cases of pneumonia (of the acute sthenic type) can be aborted in the early stages. The writer himself has done this much and knows whereof he speaks.

It is indicated in the whole range of acute inflammatory troubles. The author seldom employs aconitine alone in this class of troubles but uses the combination as being the more efficacious. It is not necessary to enter into detail as to the modus operandi of its action because that may be found for each alkaloid in the papers upon them individually.

The granule may be given well diluted with water, every 10 to 30 minutes to effect to an adult. I usually leave the granule with this injunction, "Give a dose dissolved in one-half glass of hot water every 15 minutes until perspiring freely, then every one-half to two hours as required to keep the skin moist." This has the merit of brevity and is easily understood by the most ignorant. There can be no harm done if these directions are followed. The patient is also better watched and attended where the attendant has something to do and look for than where he is enjoined simply to "fire" a teaspoonful of a certain thing into a patient every so many hours, regardless of anticipated action.

DOSIMETRIC TRINITY NO. 1.

(BURGGRAIVE).

This granule is of the same composition as the former except that strychnine arsenite gr. 1-134 is substituted for the veratrine of the former. It is indicated in all febrile reactions attended with or without inflammations and characterized by more or less adynamia.

When the tidal wave of an inflammatory attack is well stemmed with the defervescent and the patient is verging toward convalescence but seems hesitating, then give the trinity in combination with such other tonics as are indicated. This granule seems to freshen up all the functions of the body and is no mean tonic itself.

For irregular heart action, accompanied by disordered digestion give 1 or 2 trinity with 4 or 5 copper arsenite gr. 1-250 dissolved in a wineglassful of hot water one-half hour before eating and see how delighted your patient will be. In hypertrophy of the cardiac muscle it is an excellent remedy pushed to effect.

In aged persons it is usually to be preferred to the defervescent compound. Likewise it can be given to the smallest babe with impunity dosimetrically.

DOVER'S POWDER (MODIFIED, WAUGH).

The composition of this powder is as follows: Morphine sulfate, gr. 1-134, emetin, gr. 1-250, camphor mono-bromide, gr. 1-12. This granule is even superior to the old-fashioned favorite of our fathers—it is more definitive in its action and is not nauseating or its administration followed by nausea.

It is easily administered. It might be well named Waugh's Anodyne for the Adult. Dover's powder (modified) makes an excellent sedative cough remedy. As an all around anodyne it has no superior. The dose being determined by the morphine strength, may be given multiple or dosimetrically in small frequently repeated doses to effect.

UTERINE TONIC (BUCKLEY).

Helonin, gr. 1-6.
Caulophyllin, gr. 1-6.
Macrotin, gr. 1-6.
Hyoscyamine Amorph., gr. 1-250.

This combination will dissipate pelvic congestion in the female so surely as it is not caused by mechanical obstruction or by the irritation of a foreign growth or tumor. It will relieve uterine colic when of a spasmodic type with celerity.

The uterine tonic is a specific for ovarian hyperæsthesia and ovarian pain. Painful menstruation due to pelvic congestion as above stated, or to spasmodic obstruction, which often simulates real obstruction, yield to its gentle but persistent influence.

It is indispensable in the treatment of pelvic diseases in young unmarried females to whom a pelvic examination should not be proposed except as a last resort.

Uterine displacement causing mechanical obstruction is not so common with this class of patients as are the disorders of menstruation simulating them through spasmodic obstruction due to nervous excitation and hyperæsthesia. This nerve element being relieved frequently eliminates the suffering altogether. For this purpose the Buckley granule is without a peer. Sometimes suppressed and ungratified sexual desire has not a little to do with this condition. When there is reason to believe such is the case the Buckley tonic given through the day with a bedtime dose of 20 grains of potassium bromide will work like a charm.

In the office treatment of uterine and ultra-uterine pelvic diseases the granule should be given as it will have a beneficent and helpful effect and I believe the patients get well more rapidly than without it. Of course it will not relieve mal-locations and displacements of the uterus nor will it absorb pelvic exudates or remove pustubes. But whoever will use it with discrimination and fit it to the case, not the case to it, will find in it as Abbott says, "a valient comforter."

The next paper on intestinal autotoxæmia and antisepsis will conclude the series.

THE FUNDAMENTAL PRINCIPLES OF DOSIMETRY.

The following statement of the fundamental principles of dosimetry was unanimously adopted after three readings by the Society of Dosimetric Therapeutics of Paris: Dosimetry is a medico-therapeutic method based upon physiology and clinical experience. It has for its principal application the employment of the alkaloids in divided doses, exactly measured, in the form of granules. This mode of employment permits of the administration of the alkaloids in doses relatively considerable in an absolutely safe and convenient form.

In instituting dosimetric medication at the onset of an acute disease, the physician, can, in most cases, restore the normal temperature; the fever is dissipated; organic localizations do not occur; the disease is jugulated.

In the case of eruptive, infectious, cyclic diseases, the evolution of the disease proceeds generally in regular order; the eruption is properly developed; complications are avoided.

In chronic maladies, the functions of the system are, as far as possible, regulated, the vital forces of the invalid sustained and the strength conserved.

Among the alkaloids, strychnine, 1-128 gr. (1-2 milligramme), amorphous aconitine, 1-128 gr. (1-2 milligramme) and amorphous digitaline, 1-64 gr. (1 milligramme) are those whose action are the most sure. These three alkaloids (Dosimetric Triad or Trinity) constitute the usual defervescent. The administration of these three medicines is called for in all acute diseases, whenever the temperature exceeds 100.5 deg. (38 deg. C.)

They should be given every hour, every half hour, and every quarter of an hour, according to the severity of the disease. They should be continued until their effect (profuse sweats) is produced, boldly without fear. The trial has been made a thousand times, upon man and upon animals, without ever producing untoward results.

By analogy, and by extension, dosimetric physicians employ, always in divided doses according to the intensity of the disease and to the condition of the invalid, all the other alkaloids, and also all the active medicine. The dosimetric method, thus generalized enables the physician to obtain without danger, beneficial effects of great power. It is to the interest of all physicians to verify these affirmations.

Dr. Ben H. Brodnax writes as follows in the Medical Summary: Having recently had several cases of pneumonia, I have been trying the dosimetric system of treating it, and to my and the patients' entire satisfaction. Two of the cases continued only seven days with fever; three others the ten days of fever, with entire subsidence on the fourteenth day. The dosimetric treatment was an experiment with me, and was about as follows: Aconitine, veratrine and digitaline 1-67 gr. each, every two hours, alternating with sanguinarine and potassium bichromate, 1-67 gr., the time between doses being extended as required; also chest covered with cotton. In two cases turpentine and coal oil were used on a cloth next to the skin. As is usual in this trouble, the fever becomes higher about 3 or 4 o'clock p. m., and lasting until about midnight, then gradually falling and at 7 or 8 a. m. there is but very little.

Passiflorin, the alkaloid of the passiflora incarnata is giving dosimetric practitioners some pleasing results in treating nervous diseases.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor.

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Society news and reports and items of interest are gladly received

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HUSA.

Several months ago a Southern physician wrote an article for a Southern journal on Husa, which he claimed was a preparation from a plant found in the everglades of Florida and was a specific for the morphine habit. As would be expected, this plant, with its wonderful action, was mentioned by a number of leading journals. It now appears that "Husa" is one of the greatest humbugs of the day, but its exposure will end its sale.

Prof. John Uri Lloyd investigated it thoroughly and read a report of his researches at a meeting of the Cincinnati Chemical Society. This paper is published in full in the Medical Gleaner. We give the following extracts from the paper:

A responsible physician sent Dr. Winthrop $10, receiving therefor a regulation supply which he used according to instructions, with a patient subject to the opium habit. At my request, he sent another $10 and received another month's supply, which was sent to me unopened, with an affidavit to the effect that it had not been touched by him, simply addressed in the express office to me. On opening the box, I found ten three ounce vials numbered with printed labels from 1 to 10 successively. On each label was the physician's name, and the words One Month and the word Poison, nothing else; not even the famed name Husa.

The vials contained liquids of one uniform brown red color, such as burnt sugar imparts to water.

No. 1 contained 2.19 per cent. morphine; No. 2, 1.98 per cent. morphine: No. 3, 1.95 per cent. morphine: No. 4, 1.72 per cent. morphine; No, 5, 1.55 per cent. morphine; No. 6, 1.46 per cent. morphine; No. 7, 1.59 per cent. morphine; No. 8, 1.59 per cent. morphine; No. 9, 1.43 per cent. morphine; No. 10, 1.33 per cent. morphine.

Accompanying I exhibit in separate bottles, the morphine obtained labeled from 1 to 10 successively, also the sulphuric acid as barium sulphate and the glycerine and salicylic acid from the preliminary examination. It will be observed that the morphine is of a pure white, a condition quite different from morphine obtained from opium by the assay process, for then it has a yellowish color. The fact that it is so pure indicates, also, that it is added morphine, and that it is not in natural combination. The morphine obtained conformed to all the reactions demanded by the United States Pharmacopeia, and in addition, to the potassium iodate test as well as Mayer's alkaloidal test.

Husa is said by Dr. Winthrop to be an undetermined plant (unknown to science), found by two plume bird hunters and gathered by them by the boat load. My investigation of Husa, as sold by its discoverer to his professional patrons, is to the effect that Husa is a liquid containing large amounts of sulphate of morphine, some salicylic acid, some alcohol,

water, glycerine and coloring matter, probably burnt sugar.

I would define Husa as follows: A solution of sulphate of morphine to be administered under the name Husa, and only by physicians. It is sold to physicians at the rate of $10 for about 234 grains of morphine. In support of this view, I offer the foregoing testimony and submit herewith the morphine obtained from a 25 cc. of each liquid. Until I am furnished with a new plant containing morphine to the extent found in these experiments, I shall accept that Husa is a concoction.

THE DISPENSARY EVIL.

While this may seem like a worn-out subject, yet it is one of vital importance to the profession. Several editorial expressions which we have noticed of late, have directed our attention to this subject more seriously than ever before. Recently an editorial in a popular magazine mentioned this evil and spoke of the well-known fact that many people receive free treatment at dispensaries who are abundantly able to pay. When this practice has become so common that it is noticed by a lay journal, it is time the profession gave it more serious attention. Many of the laity regard the members of the medical profession as fools, as far as business management is concerned, to so freely give away their services for the bauble of a dispensary or hospital appointment. If we had fewer free dispensaries, the profession would be far better off today. At many dispensaries there seems to be a craze to have enormous clinics, for teaching purposes; a smaller number of cases more carefully presented would be far more valuable to the student.

New York State has just passed a law placing the control of all free dispensaries in the hands of the State Board of Charities. It is expeeted that this will do away with some of the abuses. We shall watch the effects of this law with great interest and hope it will accomplish good results.

The editor of the Medical Gleaner expresses the following thoughts on the giving of too much to charity:

The altruistic doctor does a great deal of gratis work. He finds hundreds upon whom to spill his pity and free work. Most of them accept his help as a matter of course, and soon become the most critical and exacting of all his patients. It is a thousand pities that this is true, but nothing under the sun is truer. Here is a principle to be remembered: The habitual acceptance of help is depraving, and in every case had to depend in the first instance, upon a lack of true manhood or womanhood. It is all right to accept help in emergencies, but it is all wrong to consider each succeeding day the mother of an emergency. There is a very considerable class of people who are, with reference to the open-handed, always in an emergency. The physician who is a true philanthropist will see to it that every patient pays him something for his services. Those who are honestly unable to pay the full price, should be required to pay as much of it as possible. This will save to them that much of manhood or womanhood, and (alas for human nature!) it will save to the doctor their respect. This last fact is simply damnable I know, but its damnability is next to outmeasured by its infernal factitude, so to state it. I need not insist on this, for each of you, my readers, has had this diabolic truth tamped in your innmostnesses by the relentless hoofs of horned and barb-tailed experiences.

The following presents the views of the editor of the Medical Council:

Attendance upon a dispensary takes the physician away from his own office

for several hours, say three times a week, without any real compensating benefit. It is pure charity work and cannot be indulged in without sacrifice. The little practice that may be derived from it is probably more than counterbalanced in most instances by the losses sustained in being away from the office, and time consumed that might be otherwise utilized in developing practice. Besides this, it is not helpful to have it generally advertised that one is regularly seeing many patients several times a week without any compensation. To claim that the compensation consists in the experience one gets is to make the fatal admission that the experience is needed.

Dispensary work results in the habitual handling of patients by younger men in a way that is detrimental in private practice, and the habit formed in the dispensary, upon, say, 50 cases per week, is more apt to impress itself upon the young doctor than the manner in which he treats the 8, 10 or 12 he sees in his own office during the same period. In most dispensary work the therapeutic opportunities are very limited and the patients are usually most unreliable in the carrying out of instructions, and one result of this is to give the young doctor a wrong impression about the efficiency of his treatment.

If physicians will look upon this question in its true light the so-called dispensary abuse would soon right itself. Medicine is the noblest of professions, but that is no reason why it should be a foolish one, as this dispensary business at times shows it to be. We should be charitable wherever it is necessary; in fact we cannot be otherwise, for misplaced charity is a bad thing to both parties concerned. There is more to be said upon this topic, but it will be more beneficial to think it out.

RETINAL HEMORRHAGE.

The cause of retinal hemorrhage is a very important matter to determine, as treatment must so often be devoted to the disease which is back of the hemorrhage. In the majority of cases the walls of the vessels are in a weakened condition which makes the hemorrhage possible. Sometimes a thrombosis or embolus occludes a vessel and prevents its proper nutrition so that a slight strain ruptures the vessel. Hemorrhage occurs in some of the inflammatory diseases of the retina of which they are partly diagnostic. Injuries of different kinds cause retinal hemorrhage, the vessels being ruptured by direct violence when the walls are weakened. Strains will produce the hemorrhage, such as unusual exertion of any kind, heavy lifting. The pathological relaxation of the walls of the vessels enable hemorrhages to occur per diapedesis, the blood corpuscles escaping through the relaxed walls. Retinal hemorrhage may result from diseases of the heart, liver, spleen and kidneys; pyæmia, septicæmia, ulcerating endocarditis; anæmia, haemophilia, purpura and scurvy; Bright's disease diabetes and gout. It occurs sometimes during pregnancy and in menstrual disorders. The diagnosis can be readily made by means of the ophthalmoscope.

Treatment frequently consists mainly in treating the condition which causes the hemorrhage. Often treatment is not successful and then again in some cases it is satisfactory. A solution of pilocarpine or eserine may be dropped into the eyes. A mild pressure bandage is recommended by some but we have never seen any great benefit from it. The eyes should not be used in any way but kept completely at rest. The internal medication must be governed by the general condition. Cardiac sedatives, ergot and pilocarpine are of use. Later the alteratives are indicated, iodide of potassium, iodide of lime, are the ones we have generally used. Our method of treatment is rest, myotics, ergotin and later the iodides.

THE MEDICAL SOCIETIES.

FOX RIVER MEDICAL SOCIETY.

The regular quarterly meeting of the Fox River Valley Medical Society was called to order in the parlors of the Sherman House on Tuesday, April 25, by the president, Dr. J. F. Ford, of Omro. The minutes of the previous meeting were read and approved.

A committee of three was appointed to draw up suitable resolutions relative to the death of Dr. Emory Strausbury, of Appleton.

The following applications for membership were received and approved by the Board of Censors: Dr. Victor F. Marshall, B. S., of Appleton; Dr. S. G. Pake, of Neenah; Dr. J. R. Barnett, Jr., of Neenah; Dr. G. L. McDermott, of Neenah. These gentlemen were on motion, duly elected to membership in the Society.

A paper was read by Dr. C. J. Combs, of Oshkosh on "Chemical Examination of Stomach Contents." Discussion by Drs. Barnett, Freund, Smith, Hardacker and others.

A paper was read by Dr. J. R. Barnett of Neenah, entitled "The Futility of Sure Diagnosis." Discussion by Drs. Hardacker, Reeve, Ford, Ritchie and McComb.

Dr. Ford reported a case of kidney disease with especial reference to treatment with the chloride of gold and sodium.

Dr. Oshwaldt reported an epidemic of icterus occurring in Oconto Falls. Upon motion the Society adjourned to meet in Marinette in July.

J. S. Reeve, M. D., Sec'y.

Appleton, Wis.

WISCONSIN MEDICAL SOCIETY.

The fifty-third annual meeting of the Wisconsin State Medical Society was held at Oshkosh, May 3, 4 and 5, and an elaborate program was carried through under the direction of the president, Dr. H. Reineking. The program contained forty-three papers of professional and scientific interest. This Society always does a large amount of solid work at its meetings and this year's meeting was no exception in this respect.

The social features of the meeting consisted of a banquet at the Tremont House and a reception for physicians' wives by Mrs. Gordon at the Northern Hospital.

The following officers were elected on the last day of the meeting: President, Dr. W. T. Sarles, Sparta; first vice president, Dr. C. W. Oviatt, Oshkosh; second vice president, Dr. A. F. Fuchs, Loyal; treasurer, Dr. S. S. Hall, Ripon; censors, Dr. Herman Reineking, Sheboygan; Dr. F. E. Walbridge and Dr. G. M. Steele, Oshkosh.

The society also recommended the names of the following physicians to the governor from which to fill vacancies on the State Board of Medical Examiners: F. E. Walbridge, Milwaukee; H. B. Hitz, Milwaukee; F. W. Epley, New Richmond; J. O. R. Lyman, Eau Claire; S. Bell, Beloit; A. C. Mailer, De Pere; M. S. Hosmer, Ashland; T. J. Redelings, Marinette; J. A. Jackson, Madison.

It was decided by the society to open the regular annual meetings hereafter on the third Wednesday of June each year.

Milwaukee will be the next place of meeting and the date will be the third Wednesday in June.

ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

The Electro-Medical Manufacturing Company has removed to 350 Dearborn street.

A Chicago man has invented a guard which can be carried in the pocket and slipped on any drinking glass, thus affording protection, from infection, when traveling or whenever a public drinking utensil is used.

The International Medical Congress will convene August 2, 1900, in Paris. The session will last seven days. It is understood that while French is the official language, German and English will be permitted.

Many of our readers who are using Dr. Kellogg's funis rings in obstetrical practice will be interested in further use which Dr. F. Whitaker, of Pt. Pleasant, N. J., makes of them He says in the last Alkaloidal Clinic: The Kellogg funis band and applicator is one of the neatest wrinkles out for the obstetrician. It is very handy also for other purposes. I had an immense granulation springing from the root of a diseased tooth, very firm, and after trying several times to destroy it by electrolysis, I happened to think of my Kellogg rings. I loaded the instrument and slipt the rubber band to the base of the growth. I saw the case in a day or two and there was no sign of the growth remaining. Again I had a case of venereal warts in a child of two years, the anus filled with and surrounded by small ones, which dried up on being dusted with antiseptic powder. Two large ones on the inner thigh not improving, I again brought out my applicator, and slipt a rubber band over both at once, as they were very close together. In three or four days they were gone, leaving a small sore which healed promptly.

Finley Ellingwood, M. D., in his new work on Materia Medica and Therapeutics says: The compound digest of Dr. Becker consists of a mixture of the enzymes found in the gastric glands of the ox, calf, sheep and pig, and those of the common wild and domestic fowls. The method of separation and preparation of these ferments was developed by Dr. Becker after many years of careful observation and experimentation. The digest contains these ferments alone, no other substance being combined with them. It is applicable to any form of indigestion and has been found effectual in relieving all disagreeable results of imperfect digestion. Taken with cod-liver oil or with substances, the taste of which are apt to recur in the mouth, the digestion is so perfect that this disagreeable condition is entirely prevented. It neutralizes acidity of the stomach, prevents excessive secretion, has cured many cases of seasickness, relieves nausea at any time, is beneficial to the vomiting of pregnancy, and is of much service in acute or chronic diarrhœa, dysentery, cholera morbus or cholera infantum, where perfect digestion is essential.

The New York School of Clinical Medicine always has large clinics and one pleasing feature about them is that the faculty earnestly endeavor to limit free treatment to the poor only.

A new dispensary has been started in Chicago for the treatment of tuberculous diseases. The intention is to limit the treatment to the worthy poor. The staff is composed of Drs. Gustavus Blech, Gustav Schimer, F. H. Westerschulte, Henry Klebs, Edwin Klebs. Prof. Klebs' tuberculocidin will be extensively used in treatment; bovinine will also be used largely.

We desire to call the attention of our readers to the value of the vibratile. The special claims for the vibratile is the mechanical effect of the faradic current, without the harmful influences of the electric current entering the body. In all cases of rheumatism, or neurosis, hyperasthesia, defective capillary circulation, insomnia and like conditions it has positive curative effects. It can also be used as an aid in differential diagnosis in locating lesions beneath the surface of the body. From information received, it would seem that its field of usefulness was quite extensive, and that new fields where it could be of value to physicians would present themselves almost daily.

The anodyne properties of kryofine are so marked as to render it a drug of incalculable value in all conditions attended by pain. More especially is it efficient in febrile diseases, since it also acts as a prompt and safe antipyretic. In addition it induces a marked sense of well-being, of euphoria. Under its influence pain, delirium, high temperature and restlessness disappear to give place to calm, peaceful and recuperative sleep. An important feature also is that it can be administered in an elegant and palatable solution and combined with other drugs that may be desirable in the individual case. The dosage is small, 4 to 7½ grains.

Dr. R. W. Hastings, of Brookline, Mass., in an article on the digestion of amylaceous foods says:

One of the common symptoms of that neurasthenic condition, so widely prevalent among Americans, is an acid, burning stomach, due to a hypersecretion of acid by the gastric glands. The forced feeding, which the exhausted nervous system demands, is much limited if all starches must be eliminated from the diet. How much more satisfactory it will be if we can break the circle at some other point and continue the administration of carbohydrate foods. Such an opportunity seems now to be afforded us in maltzyme. It is very agreeable in taste and appearance, and hence serves well as a vehicle for any tonic desired. It mixes immediately with water. Its power to convert starch has been established by many chemical analysis and practical tests. Care must be taken to secure a neutral medium for it to act within, and the other conditions which we have tried to carefully point out must be attended to. Not every case will be cured at once, but we believe that the use of this "digestive enzyme" has now become practical and that the attention of American physicians to it will greatly benefit their patients and their own professional reputations. Dyspepsias have various causes and require as varied treatment, but in no line of diseases does careful study win a greater degree of success.

Dr. John A. Benson, professor of physiology at Chicago College of Physicians and Surgeons, died at his home in Chicago, March 9th, aged forty years. He was one of the able and rising physicians of Chicago and his untimely death is to be regretted. As a writer on medical topics he was making an enviable reputation; his work on cholera being of special worth. He had nearly completed a work on physiology, which would have added to his reputation.

An elegant method of giving bismuth in the treatment of infantile diarrhoea, that of dysentery, phthisis or typhoid in adults, is to prescribe bisol in solution. It is the more efficient than the older bismuth salts in all gastro-intestinal disorders and is prescribed in smaller doses. Combined with salicylic acid it forms a salicylate of bismuth more powerful than any heretofore known.

Wet dressing made by saturating sterile gauze with menthoxol are commended very highly in the treatment of all wound surfaces. Healthy granulation is stimulated, pus destroyed and its further formation prevented. Camphoroxol in the same way makes a superior dressing for the umbilicus in the new born. Both are non-irritant, harmless, and besides being powerful germicides exert this action for a longer period than most antiseptics of this nature. They are stable and retain their undiminished activity for months.

As an antidote to the toxic effects of corrosive sublimate, albumen in the form of egg white is most efficient, an insoluble precipitate being formed. The albuminate of mercury combined in the form of a neutral soap known as sapodermin, forms a powerful antiseptic and germicide which is not only not poisonous, but absolutely soluble as well, and non-irritant. It does not corrode metals. It possesses unusual penetrating power and renders excellent service in all parasitic skin diseases. It is commended for general use by the physician, and is a reliable safeguard against infection in making physical examinations. Mercurialization seems not to follow even its continuous and prolonged use.

The fiftieth annual meeting of the American Medical Association will be held in Columbus, Ohio, June 6, 7, 8 and 9. The oration on Medicine will be by Dr. James C. Wilson, of Philadelphia; on Surgery, by Dr. Floyd W. McRae, of Atlanta, Ga., and on State Medicine by Dr. Daniel R. Brower, of Chicago. This meeting will have a large attendance of representative medical men of this country and is well worth attending. Those who attend will find the Pennsylvania railroad a satisfactory route to take.

Dr. R. Ludlam, of Chicago, president of Hahnemann Medical College, died suddenly April 29. He was performing a hysterectomy for removal of a fibroid tumor, when he dropped dead from heart disease. Dr. Ludlam was born in Camden, N. J., Oct. 6, 1831 and was a son of a physician. He graduated from the medical department of the University of Pennsylvania in 1852 and began practice in Chicago in 1853. He had been on the faculty of Hahnemann College since its foundation in 1860 and was professor of gynecology at the time of his death. He was the author of several works on gynecology, which have had an extended sale.

Col. A. L. Conger died recently at the Still College of Osteopathy, Des Moines, Iowa, of Bright's disease. The facts in this case are of interest, as Col. Conger's case has been widely cited as a triumph of osteopathy. Col. Conger was secretary of the osteopathic college and one of the warmest advocates of its delusions. The Iowa Medical Journal makes the following pointed comments on the subject: He was a good man but allowed his wishes to influence his judgment, as is so often true of those who know nothing of fakes and fakirs, and who are therefore readily taken in. In 1867 Col. Conger was stricken with paralysis, and not recovering at once under the physician's treatment, drifted to an osteopath who was at that time on the top wave of prosperity, and, in time nature had rallied her forces and he was given a brief respite. In this interval, while walking in the valley of the shadow of death, he honestly no doubt, bitterly assailed the medical profession and extolled the virtues of osteopathy and the remarkable cure it had wrought in him. Scarcely had the ink dried on his pen when he was summoned hence. He was but sixty-one years of age and died suddenly. Under rational medicine he might have still been spared many years.

One by one the "cures" of osteopathy are being disregarded by the common enemy of mankind, and we have yet to see a single cure of a real disease wrought by the designing hand of osteopathy.

Dr. Hugh Blake Williams, of Chicago, gives the following on the treatment of otitis, in the Alkaloidal Clinic:

The more I see of chronic suppurative inflammation of the ear, the more convinced do I become that the element of chronicity is due to lack of thoroughness in treatment. The method of procedure mapped out below will not succeed in cases where necrosis has occurred, but in all others it will reduce the duration of treatment from months and weeks to days.

The patient is placed upon the side with the affected ear up. The concha is filled with Marchand's hydrozone, which is allowed to remain until it becomes heated by contact with the skin, when, by tilting the auricle, the fluid is poured gently into the external canal. The froth resulting from the effervescence is removed with absorbent cotton from time to time and more hydrozone added. This is kept up until all bubbling ceases. The patient will hear the noise even after the effervescence ceases to be visible to the eye.

Closing the external canal by gentle pressure upon the tragus forces the fluid well into the middle ear, and in some instances will carry it through the Eustachian tube into the throat. When effervescence has ceased the canal should be dried with absorbent cotton twisted on a probe and a small amount of pulverized boracic acid insufflated.

The time necessary for the thorough cleansing of a suppurating ear will vary from a few minutes to above an hour, but if done with the proper care it does not have to be repeated in many cases. However, the patient should be seen daily and the hydrozone used until the desired result is obtained.

Care is necessary in opening the bottle for the first time, as bits of glass may fly. Wrap a cloth about the cork and twist it out by pulling on each side successively.

In children and some adults the hydrozone causes pain, which can be obviated by previously instilling a few drops of a warm solution of cocaine hydrochloride. In this note it has been the intention to treat suppuration of the ear rather as a

symptom and from the standpoint of the general practitioner.

The following is an interesting report of a dispensary case of consumption:

Mary Flaherty; Irish; aged 34; first seen October 4, 1897: Case of tubercular phthisis, by microscopical and physical examination. Already of two years progress under the various treatments. Previous weight 126½ pounds; present 94 pounds. The onset had been insidious, began with dyspepsia, irritable heart, light, dry hacking cough which was referred to the stomach; the diagnosis of her physician being anæmia with atonic dyspepsia. Two months later the cough had increased in severity, with scanty, glairy expectoration, loss of weight, impaired muscular strength, pallor, and one rather severe hemorrhage, also sharp pain below the clavicles. Such had been the condition of the patient up to the time of admission at Sound View; when my careful examination revealed softening in progress, cough in severity with free expectoration blood-streaked, and tubercle bacilli visible under the microscope. There was dyspnœa on increased exertion, morning chills and evening fever, night sweats, diarrhœa, much emaciation and weakness. Yet the patient, as is usual under these conditions, was very hopeful. There was considerable œdema of feet, indicating disturbed circulation. Inspection showed depressions in supra-clavicular and infra-clavicular regions; palpitation, vocal fremitus much increased; percussion, dullness over right apex and upper lobe, with circumscribed spots of amphoric sound; auscultation, vesisulo-bronchial breathing associated with sub-crepitant and moist rales. The prognosis, it is unnecessary to add, was decidedly unfavorable.

The patient was put to bed after having been thoroughly bathed, and attention was turned to her secretions. The stomach was gently washed out with Thiersch solution No. 2. Was put on a prescription of one drop pure beechwood kreasote, two drops tincture iodine and six drops oil of cinnamon, in iced water, every three hours, also one-eighth grain biniodide of mercury rubbed up with bicarbonate of soda, every three hours. The stomach being in a sensitive and delicate condition, I commenced bovinine in small doses of thirty drops in iced grape juice, hourly, for the first three days; then increasing it to a teaspoonful every two hours; and after ten days more, to a tablespoonful every three hours. By the 28th, the patient's stomach was so much strengthened that she was able to retain without inconvenience, a wineglassful every four hours. The biniodide of mercury and bicarbonate of soda were then stopped, but the other prescription was continued, and on November 10 the kreasote was increased to three drops; on the 20th, to five minims, now in capsules; on December 16th, diminished to three minims.

At the latter date the patient was giving every evidence of restored health: the cough was reduced to a mere occasional clearing of the throat; scarcely any expectoration and that only rising in the morning. The microscope revealed not the slightest trace of tubercle bacilli in sputum. The morning chilliness, evening fever, and night sweats were no more. Her appetite, digestion and sleep were normal. Her weight was 119¾ pounds. There remained some dullness over the right apex, but auscultation showed complete encystment of the tubercle. She was discharged, December 27, with every indication of cure confirmed. Will report for examination and advice twice a week; so that there will be no difficulty in watching and reporting the sequel of the case.

THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

THE ANATOMY OF THE CENTRAL NERVOUS SYSTEM OF MAN AND OF VERTEBRATES IN GENERAL. By Prof. Ludwig Edinger, M. D., Frankfort-on-the-Main. Translated from the Fifth German Edition by Winfield S. Hall, Ph.D., M. D., Professor of Physiology in the Northwestern University Medical School, Chicago, Assisted by Philo Leon Holland, M.D., Instructor in Clinical Neurology in the Northwestern University Medical School, Chicago, and Edward P. Carleton, B.S., Demonstrator of Histologic Neurology in the Northwestern University Medical School, Chicago. Illustrated with 258 Engravings. 6½x9½ inches. Pages xi-446. Extra cloth, $3.00. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia.

The many advances made in the study of the nervous system, during the past few years, make such a work as this very necessary to the practitioner, desiring to keep up with the march of medical progress.

The book is divided into three sections and contains twenty-five chapters. The first part is devoted to giving the fundamental ideas accepted at the present time and also considers function. The first chapter gives a review of the history and the methods of investigation of the central nervous system. Mention is made of the work done by Reil, Gall, Spurzheim, Arnold, Reichert, Foville, Burdach, Ehrenberg, Stilling, Meynert and others. Our debt to Schilling and Meynert for our knowledge of the minute anatomy of the nervous system, is mentioned as well as the history of other interesting discoveries. All the recent ideas on the minute anatomy are clearly given.

Part two presents a review of the embryology and the comparative anatomy of the vertebrate brain. This subject is handled extensively and thoroughly.

Part three gives the special anatomy of the mammalian brain, with especial consideration of the human brain. We quote from the introductory chapter to this part: "Acquainted with the fundamentals which characterize the central nervous system of vertebrates, we will now give our attention especially to the mammalian brain. Seeing, as you have, how it has been slowly evolved through a long series of transitional forms, it will certainly be gratifying to investigate the entire structure, somewhat more thoroughly, in an example of highly specialized brains. The preceding description has directed your attention principally to the morphology, and to some extent the psycho-physiology, of the central nervous system. At present, however, we must attempt to made good the demands which medicine, far advanced as it already is in the diagnosis of nervous diseases, must necessarily make of the physician."

The translators have done their work in a most satisfactory manner. This book will be of especial interest to the many professional friends of Dr. Holland, whose untimely death we mentioned last month.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX: A Work of Reference for Medical Practitioners. Seventeenth year, 1899. 758 pages. Extra cloth $3.00 net. E. B. Trent & Co., 241-243 West 23d St. New York, 199 Clark street, Chicago.

This volume is the united work of members of the medical profession in all

parts of the world and while it is a valuable year-book it is also a veritable encyclopedia of medicine and surgery.

The first eighty-four pages is devoted to the dictionary of new remedies, giving abstracts on most of the newer products.

Practical X-Ray Work is the title of a twenty-five page illustrated article by Dr. R. Norris Wolfenden and brings this subject down to the present time. Dr. A. D. Rockwell, of New York, has a nine page article, with the latest things in electro-therapeutics. Dr. F. De Havilland Hall contributes an article on the climatic and open-air treatment of phthisis and one on the diagnosis of diseases of the thorax by means of the X-ray.

The dictionary of new treatment in medicine and surgery is as complete as possible and will be found most useful by all practitioners. All the abstracts and original articles in this department are prepared by men who are able writers.

In last year's Annual, Samuel G. Shattock, F. R. C. S., presented the first part of his Atlas Pathogenic in the Human Subject, and in this year's volume is the second part. This section of the book is illustrated by numerous elegant colored plates, which cannot fail to interest the physician.

A new department on legal matters has been added to the Annual, which is commendable. This consists of notes of American legal decisions affecting medical practitioners and the public health by W. A. Purrington, LL. M.

The advances in sanitary science are presented by Dr. Joseph Priestley, Officer of Health, London. As usual this department is timely and practical.

The book contains numerous illustrations and twenty-five plates. An article on mastoid operation by Dr. Dundas Grant has a very fine colored plate and one on surgery of the spinal cord by Wm. Thorburn, F. R. C. S., has several good colored plates. A year-book is needed by every physician and several year's acquaintance with Treat's Annual assures us that it is a very satisfactory volume for working practitioners.

Annual Reports of the Bureau of Health of the City of Denver for the Years 1897 and 1898. Wlliam P. Munn, M.D., Health Commissioner.

This book shows that an immense amount of good work has been done for the city of Denver by Dr. Munn and his assistants; also, that the health department is most important and necessary to every city. The book contains much interesting and valuable information on matters of public health.

Dr. Munn sent inquiries to all the physicians of Denver, regarding their opinions of the infectiousness of tuberculosis and he gives a summary of the answers received. The following is a summary of the answers to the question, Have you any suggestion as to further action in regard to the prevention of tuberculosis?

One hundred and one of the returned papers have no suggestions to make; 134 make suggestions varying from a few words to a full page in length. Almost without exception these suggestions are evidently the result of serious consideration of the subject by the various writers. As a rule they touch upon matters that are of more or less vital import. The majority of the suggestions touch upon the importance of further education of the public in regard to the true nature of consumption and the methods that will limit its spread. A surprisingly large number of physicians note the importance of impressing upon consumptives that they should not marry, or at least should not bear children.

AMERICAN MEDICAL ASSOCIATION MEETING.

Arrangements have been perfected with the Pennsylvania lines to run a special train from Chicago to Columbus, Ohio, for the accommodation of members and their friends who may desire to attend the Fiftieth Annual Meeting of the American Medical Association, to be held in the capital of the Buckeye State, June 6th to 9th, inclusive. The train will be known as The Journal Special, and will be composed of the latest pattern Pullman sleeping cars. It will leave Chicago on the evening on Monday, June 5, at 9 o'clock and run through to Columbus without change, reaching that city at 8 o'clock Tuesday morning, June 6, in time for breakfast.

The route will be the shortest line between Chicago and Columbus—The Pan Handle Route of the great Pennsylvania System. The fare will be $8.35 (the lowest one way rate), for round trip from Chicago. Tickets will be sold at that rate for the Journal Special; also for regular trains over the Pennsylvania Short Line, June 2, 3 and 4. Sleeping car rates for the Journal Special and other trains will be $2.00 for a double berth from Chicago to Columbus. A double berth has sleeping space for two persons. The return limit on tickets sold for the Journal Special and for regular trains will include Tuesday, June 13, 1899.

Passage and Pullman tickets may be obtained at ticket offices of the Pennsylvania Short Lines at the following locations in Chicago: City ticket office, No. 248 South Clark Street, corner Jackson; Union Station ticket office, and at the Auditorium Annex, No. 221 Michigan Avenue. Tickets and reservations.—Those desiring favorite locations should arrange for their reservation either by letter or by personal application to Dr. F. C. Greene, at the office of Chas. Truax, Greene & Co , 42-46 Wabash Avenue, Chicago, as early as possible, in order that satisfactory reservations may be made. On Monday, June 5, a representative of the Pennsylvania Short Lines will be at the office of Messrs. Truax, Greene & Co., with a diagram of The Journal Special, from which space may be selected.

The comforts enjoyed in traveling over the Pennsylvania Short Line are too well known to require praise in this announcement. Dr. Greene having in charge the details of The Journal Special, appreciates the fact that the members of the American Medical Association desire and deserve the best. The Pennsylvania covers every requirement.

Union Station terminals in Chicago and Columbus make this route especially desirable. The station in Columbus is on the principal business thoroughfare of that city, and has cab and street car connection with all hotels. The Grand Opera House on East State Street, between High and Third Streets, where the Fiftieth Annual Meeting will be held, is directly opposite the State Capitol, in the rotunda of which the registration office will be located. Both buildings are reached by all street car lines passing Columbus Union Station.

Great preparations are being made at Columbus for the entertaiament of the Association. In scientific interest the meeting at Columbus will surpass that of any previously held. The entertainment committee reports a series of entertainments to be tendered delegates and families, which will be on a scale of magnificence that all who attend the meeting will carry home pleasant recollections of the hospitality of the people of Columbus. The Board of Trade and the citizens in general are also arranging to extend a cordial welcome. Those who make the trip on The Journal Special will have a particularly pleasant time.

Special information regarding the train and other details will be furnished in response to inquiries addressed to Truax, Greene & Co., or to H. R. Dering, Assistant General Passenger Agent, No. 248 South Clark Street, Chicago, Ill.

The Wisconsin Medical Recorder.

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BRAIN-TIRE.

By James Mills, M. S., M. D., Janesville, Wis.

What are the causes of this exhaustion in school work?

How can the teacher best detect it?

And how can it be overcome or prevented?

Within the limits of a short paper, it is impossible to do justice to this subject.

In order to develop a well-balanced mind, the physical condition, as well as the mental, should receive its full measure of attention. We cannot, with good results, separate the several lines of education for a moment, and when it is attempted, nature too soon asserts herself, and the man who has not received this "all around" training pays the penalty with a weak body, wandering intellect, or a wavering moral character.

Every parent and every teacher should be strongly impressed that "a strong mind in a sound body" is necessary in all cases, if enduring results are desired or expected.

Are we now giving enough attention to these laws which relate to the physical well-being? Are our boys and girls growing up strong and beautiful, as youth should and can be?

The clear-eyed Greek knew how essential to true education is physical culture; and their beauty and grace of form have been the admiration and envy of succeeding generations.

First, let us train the muscles, that we may make them fully developed, strong and healthy. From infancy to mature age play is a boon to all workers.

The men of thought, as well as the men of action, double their efficiency by taking regularly healthful recreation.

We may easily quadruple the value of our school work by studying to keep pupils fresh in the operations of their minds. They should not only know, but put in practice, the truth that proper food, plenty of oxygen, and frequent periods of relaxation in which to rest and change the activities of the brain, are of infinitely greater value to the child than the details of geography or history, or the memorizing of the rules of grammar or of arithmetic, frequently drawn from principles not at all understood. Then, too, teachers and all others who have the direction of the intellectual and moral training of children, should have a clear and comprehensive knowledge of the laws and principles underlying and governing the development of the brain, as well as the mental and moral faculties of the child. They should know that the brain of the child compared with that af the adult contains a larger percentage of water, is more unstable, more

easily disturbed; and that as a consequence, long-continued monotonous work not only fails to strengthen the mind, but, on the contrary, weakens it, besides producing irritation of the brain, with a lowering of the vital powers and retardation of the physical growth. They should understand that the motor centres, which preside over and control muscular movements act much as storage batteries; that is, they store up nerve force, which is almost constantly being discharged in producing muscular movements.

We might just as well try to compel a normal, healthy child to stop breathing as to remain quiet for any length of time. The nerve-force, accumulating in its motor centres, has just as specific and important a function to perform as that which regulates the activity of its respiratory organs. Teachers should remember this fundamental physiological truth, that the brain centres are in an undeveloped condition.

Young children soon become fatigued, and so we make their periods of work very brief. These periods are lengthened as they advance in age. The fatigue-limit is a great practical study. Much may be done to keep pupils fresh by having easy work follow difficult work.

In this connection, I desire to insist that, whenever the children of a class in their efforts to follow the recitation become tired, or whenever a strong effort of the will on the part of the teacher is required to keep their attention on the work in hand, it is time to stop. If this limit be exceeded, the unstable brain will be injured and infinitely more harm than good done.

The importance of relieving the strain on the brain and allowing it to equalize its energies; that is, permitting the stored-up nerve-force of the motor centres to discharge itself in muscular activities, while the higher brain centres are resting and accumulating force to carry on their proper work,—this fact is being recognized by the best educators and physicians, who advise frequent periods of relaxation and play.

I do not believe there is anything else like getting good oxygen into the lungs and securing the benefit of sunshine.

There can be no doubt but that great injury is done, where pupils are subjected to an everlasting grind of monthly examinations, term examinations and annual examinations, and are continually being reminded that if they do not do this or do not accomplish that, they will fail to pass and not receive their coveted promotions. I believe that when pupils are placed under such a system, they are worried, annoyed and kept in a constant state of excitement from the time they enter the primary department of the public schools, up to that when the doors of the university are closed to them.

What are the causes in school work of such tired condition of the brain?

1. Inherited or congenital brain-weakness or instability. Insufficient food, causing impoverishment of the blood, which in turn produces weakness of the nervous system.

2. Improper food, or too large a quantity of it. This leads to disorder of the digestion and assimilation, and produces ptomains or poisons, which, carried by the blood to all parts of the system, poison the brain, poison the muscles, poison every cell and tissue in the body.

3. Insufficient outdoor exercise and play. This causes retention of broken down tissue poisons, the accumulation of energy in the motor nerve centres, which leads to restlessness and disturbance in school, or the inhibition of the normal discharge of this accumulating motor nervous energy, this requiring a strong effort of the will, and the expenditure of

much nerve force, which should be used in quiet thought and study.

4. Failure to instruct the child as to the importance of attending to the calls of nature, or in many cases the refusal of the teachers to permit the child to leave the room for this purpose. This causes constipation with retention of poisons in the system, and may lead to bladder and kidney troubles, and many reflex disturbances, which not only produce irritability of the brain, but weaken the mind.

5. Lack of ability on the part of the teacher to arouse and maintain the interest of the child in the subject and the recitation.

6. Too infrequent recesses and periods of relaxation, thus preventing the child from discharging the accumulated motor nerve force and eliminating the constantly accumulating toxins.

7. Too long recitations, in which the young child is called upon to fix his attention on one subject for too great a length of time.

8. Unhealthful sanitary surroundings.

How can the teacher best detect this weariness of the brain?

By the restlessness of the child; by its lack of interest in the work; by its inability to confine its attention to, or comprehend the subject under discussion; and the dull, listless and pained expression on its face; by the loss of buoyant mental and physical health, which attend such a condition; or by complaining of headaches and not feeling well.

How can this exhaustion of the brain be overcome or prevented?

1. Make the sanitary conditions as nearly perfect as possible. No child can study well in a poorly ventilated room with impure air. Open the windows during recess.

2. Adapt the work to the age and to the physical, as well as the mental development of the child.

3. For young children especially, make the recitation short and maintain interest in the work.

4. Give all pupils frequent open-air recess and periods of relaxation, thereby discharging stored up motor nerve force in muscular movements, eliminating accumulated toxins and resting the higher brain centres.

5. All school children should have an abundance of plain, nourishing, and unstimulating food and plenty of sleep, and be guarded against late hours, attendance upon parties and all sorts of dissipations that lower their physical force.

The physician is becoming interested in the schools, as at one time was the clergyman. As the physical basis, or, at any rate, the physiological concomitants, of intellectual deficiencies and moral defectiveness are becoming to be more clearly understood, the physician's function as an instructor of teachers, and as an examiner of children in respect to their sight, hearing, touch, and symptoms of fatigue or illness, in respect to their tempermental characteristics and "nervous" peculiarities, and in respect to their differentialities in age and sex, so this function is in turn being more fully understood.

ACUTE AND SUDDEN RECURRENT APPENDICITIS.

By M. O. Terry, M. D., Utica, N. Y.

Ex-Surgeon General of the National Guard of the State of New York.

For more that seven years I have been treating appendicitis in a most radical manner and on a non-surgical plan. My efforts have been directed in line with the cause of more than 95 per cent. of the cases as they come to the surgeon. Vitiated physiology, in the form of constipation, due to unsuitable diet, or to neglect of the bowels, the failure to follow a system

of regularity which nature invariably demands for the healthful performance of her functions, are the most frequent causes of this almost unnecessary yet direful difficulty, As it is almost impossible to instruct the public as to the importance of this statement and, therefore, as we must necessarily have these disorders to contend with the question arises, How best can we manage these cases as emergencies?

Of the sixty cases which have come under my personal observation two only underwent the operative procedure. All recovered. Acute cases will respond to the treatment showing gratifying improvement within a few hours. Chronic relapsing with sudden acute recurrence will not yield so readily. The temperature may continue above the normal point for thirty days. It will have a range in the recurrent cases of from 100 to 102 for about twenty days. Then it will hover about 99½ for about one week longer before remaining on the normal line.

The principles involved in the treatment of appendicitis by the non-operative plan are as follows:

Catharsis, colon or high enema, fomentations with flaxseed poultices and applications of hot sweet oil, the prolonged use of sweet oil taken internally and a pultaceous diet.

It really does not matter what cathartics are used (each surgeon may have his own sweet dose) so long as the results are accomplished. My experience has led me to use, whenever possible, castor oil and sweet oil combined. The former is cathartic and the latter is soothing and relaxing to a congested mucous membrane, including the entire bowel tissue. The dose of the former must necessarily vary from half an ounce to an ounce and a half. Of the latter I give double the quantity of the former. The sweet oil should be continued in doses of from one ounce to a wineglassful followed by a glass of hot water, repeating the same every three or six hours according to degree of soreness and pain. But supposing the patient cannot take the castor oil? If none of the mineral waters will produce the desired result give from five to ten grains of calomel with ten to twenty grains of bicarbonate of soda dissolved in a glass of hot water, repeating every three hours until the desired result is obtained. I have never given more than twenty grains. At the same time however, it must be borne in mind that the external applications must be made of flaxseed and hot sweet oil. Also that the enemas must be given without delay. At times I use three or four ounces of glycerine followed by soap and water. Then, again, I use from half to a pint of sweet oil followed by the enema. I always try to send the oil up as far as the ileo-cæcal valve for its relaxing effects, for this will assist in relieving pain.

It will be well in severe cases to place your patient in a Trendelenberg position. Sometimes it will be best to use the knee-chest position. So long as there is any sensitive condition in the region of the appendix I continue the sweet oil, giving about half an ounce to a glass of hot water half an hour before meals three times a day. The diet should be of oatmeal gruel (strained) milk with salt or peptonized, and a free allowance of water.

If it be asked if any recurrence takes place after this treatment, I say, most emphatically, "Yes," through neglect to observe the instructions given, by which the same causes are set in motion which first induced the attack. It is with appendicitis as with other conditions, like pneumonia, tonsilitis, etc., a patient once having it is more liable to a recurrence than one who has not. If, however, by neglect, or from a cold pain ensues,

an immediate attention to the difficulty using poultices, taking sweet oil and hot water, and clearing the bowels is undergone, a speedy relief has in my observation, followed, Gradually the predisposition to the recurrences will disappear, but by neglect nothing but disaster awaits the patient. This is also true in regard to the operative procedure, for otherwise why do cases return to the hospital for an operation after the appendix has been removed?

It has not been necessary to operate on any of the cases which have come under my notice in the acute stages or in the recurrent stages, owing to the fact that I have been particular to instruct each of my patients in detail as to the importance of attending to his case in the manner above suggested.

The remedies given internally for reducing the fever and inflammation in addition to those mentioned in the various stages as seem indicated are: Aconite, belladonna, bryonia, veratrum, phenacetine and Warburg's tincture.

LEUCORRHŒA.

By Geo. S. Harnden, M. D., Water Valley, Ark.

The average practitioner, especially in the country, probably goes down in defeat twice, or oftener, for every victory that he scores in his gynecological clinic. So often is this the case, that some physicians, though skilled and competent in other directions, invariably compromise any difficulty they may encounter with pathologic phenomena referred to the pelvis by depending upon palliatives—the bromides, viburnum, belladonna and so on; while still others relegate all such cases to the class hysteria and proceed accordingly until their patient drifts into other hands; or until, having lost all faith in the efficacy of medicine, she settles down to resigned invalidism. All of this is as unnecessary as it is deplorable; but no brighter day will ever dawn on the poor "dragged out" mother until her family physician, in whom she places her utmost confidence as a reward for his "pulling Johnny through the fever," shall have ceased to treat all forms of uterine disorder by the internal and eternal exhibition of drugs.

Certain internal remedies are always desirable, and sometimes indispensable as adjuvants in the topical treatment of uterine disease. They may even be curative of themselves where the trouble is wholly or principally functional. But the fact must ever be borne in mind that confirmed organic disease of the female generative organs, if neither functional nor depending upon some morbid condition of the system at large, is, in the vast majority of cases, to be successfully combatted only by direct surgical interference—minor or heroic.

The specific action of potash and ergot in cases of subinvolution may be urged against this, but a very little experience will teach any one that a subinvolution relieved by potash and ergot will sooner or later return if the accompanying endometritis be not also attended to.

The discharge of which this paper shall briefly treat, though merely a symptom of several morbid conditions, is usually spoken of, particularly by the laity, as a disease per se; and as such, for the sake of convenience, it shall here be considered.

If we exclude cases in which the discharge is due to some systemic perversion as anæmia, plethora, rectal irritation, morbid sexual imaginings—leucorrhœs may be divided into three classes—uterine, cervical and vaginal.

Uterine leucorrhœa due to an intra-uterine polypus, as well as that due to destructive changes in a sarcoma or other malignant growth, hardly comes

within the scope of this paper. The other symptoms, pain, hemorrhage and so forth, being so emphatic as to destroy the importance of the leucorrhœa.

Of other forms, the great majority may be referred to one of two classes; the one class consisting of those depending upon an endometritis accompanied by chronic metritis with subinvolution, and the other consisting of those associated with subinvolution due to retained placenta. Were it desirable to classify cases of uterine leuchorrhœa with reference to their duration, the latter might aptly be termed cases of acute uterine leucorrhœa; and the former chronic uterine leucorrhœa. Leucorrhœa due to endomentritis occurs, for the most part, in the persons of women who have either borne many children or who have neglected to properly care for themselves after one or two labors. It is by no means unusual, however, for it to occur in subjects who have never been pregnant, or even in virgins.

It ls not there, as a rule, associated with either chronic metritis or subinvolution, but appears to be due to a sort of passive hyperæmia, unaccountable in some cases and in others depending upon mal-positions. In multiparous women, it is frequently but one of a galaxy of distressing symptoms, the uterus in many cases being so en larged and tender as to be a source of great discomfort. Prolapse, or even protrusion, frequently occurs, while debility, either nervous or general is habitually present.

Preparatory to commencing active treatment in these cases, the patient should be well purged with a saline cathartic, placed in bed and given copious hot water injections twice daily for a few days. When these measures have succeeded in somewhat relieving the uterine congestion always present, the cervix is to be copiously dilated and the condition of the endometrium ascertained as nearly as may be. On the condition thus disclosed, will depend the measures of treatment to be employed. If the membrane appears to have suffered but little if any apparent alteration, mild caustic applications may be tried; but, if the membrane be greatly hypertrophied or otherwise diseased, it is better to at once curette down to the sub-glandular tissue and then go over the entire cavity with fuming nitric acid. In doing this, care must be exercised to have the entire cervical canal sufficiently dilated to admit of the proper application of the acid. After the separation of the slough, which will occur in from two to ten days, according to the mildness or severity of the agent employed, such caustics and astringents as may be indicated are to be applied and repeated as often as may be necessary to effect a cure. But fresh applications must not be made until the slough has entirely separated.

During the interval between operations, large, hot water vaginal injections should be given once or twice a day and the bowels kept freely open with salines. Where the subinvolution is great, potash and ergot are to be given internally; and, if possible, the patient should be persuaded to remain in bed during the entire course of treatment.

Leucorrhœa due to retained placenta and persisting for months after labor, are not at all uncommon. An examination will show the os patulaus, easily dilatable and furnishing a usually copious muco-purulent discharge. The treatment consists in the thorough cleansing of the uterine cavity and the administration of potash and ergot.

In those cases not associated with either chronic metritis or subinvolution and occuring in nultiparous women, if no mal-position be present, soluble rods or pencils containing such

astringents as may be deemed suitable may be placed in the uterus and a prolonged application of medicine to the surface supplying the annoying secretion thus secured; but, strange as it may seem, these cases are the least amenable to treatment and a resort to nitric acid or some other strong cauterizing agent will be necessary in a majority of cases. The external os in these cases instead of being a little patulous, as it is in cases accompanied by subinvolution, sometimes appears to be too small. Should this be the case it must be enlarged before any treatment can be successful. This is quite readily done by making an incision about a quarter of an inch in depth in each of the four lips of the cervix and there removing with curved scissors the tissue between the incisions. A nice funnel shaped os will thus be secured. No treatment will give permanent relief in all cases of this type; but temporary relief can always be secured and the patient, if married, be thus given an opportunity to conceive, when pregnancy will complete the cure.

Cases of this kind due to a displacement, usually find their cure in the simple retention of the displaced organ in a normal position.

Cervical leucorrhœa is sometimes associated with uterine leucorrhœa and may then depend upon the same causes; but it is far more frequently met with and possesses two etiological factors of its own—cervical lacerations and mal-positions. After these factors have received proper attention, it is to receive the treatment recommended for the uterine variety.

Vaginal leucorrhœa unassociated with cervical leucorrhœa, occurs for the most part in young girls and is usually due to improper diet, constipation, sedentary habits or masturbatiou. The causes upon which it depends having been removed, treatment for the first few days should consist of large, hot saline vaginal injections. Then, a hot water vaginal injection is to be given daily and the vagina, after having been first well dried with salicylated cotton, strewn full of iodoform powder. This treatment will prove almost invariably successful.

Uterine leucorrhœa is very frequently, if not always, associated with cervical; and cervical with vaginal. Where this is the case the treatments recommended for the different varieties are to be combined.

LOCAL TREATMENT FOR GONORRHOEA.

By W. A. Crandall, M. D., Buffalo, New York.

A few weeks ago there appeared in the Recorder a brief article by me, stating my belief that gonorrhoea in the first stages can be cured at once without complications. I could have emphasized more fully and said, I know that such can be done. I have received numerous letters from doctors asking for my method of treatment. I have answered some by private letter, but concluded it would be better to answer through the Recorder, giving many physicians the benefit of my experience in treating gonorrhoea. I fully appreciate the advantage it has been to me in years past to obtain the experience of others who have gained a reputation as excellent specialists.

To avoid complications in the treatment of gonorrhoea, cleanliness is the foremost thing to be considered. We who have had much experience with the disease, have witnessed most loathsome conditions in the way of filthy dressings about the penis. These dressings saturated with gonorrhoeal discharges, then handled by the patient, and next their hands to their eyes, infection there produced with serious consequences.

Next, the discharges about the glans, if not disinfected, soon produces an irritation to the prepuce, followed by swelling producing phimosis, paraphimosis, dropsy, etc., and, doctor, you will oftimes find these conditions no trivial matter, and I am writing to inform you, that, from practical experience, I contend that these things need not occur.

I am treating a great many cases of gonorrhoea and am never troubled with the above complications when taken in the first stages and directions followed. I have had made to order by The Miller Rubber M'f'g Co., of Akron, Ohio, a thin rubber pouch which I have each male patient wear while under treatment or so long as there is any discharge. This venerial pouch prevents the clothing from being soiled and keeps the discharge enclosed where it comes in contact with absorbent cotton saturated with the germicide destroying the gonococci at once.

The absorption of the germicidal solution is facilitated also by its enclosure, preventing the rapid evaporasion. The absorption of the preparation is very essential as it will prevent the gonococci from penetrating the submucous tissue which gives rise to chordee, strictures and extension of the inflammation. Wind a narrow piece of absorbent cotton about the penis, just back of the glans, saturate with the germicide then draw prepuce forward, leaving cotton in place. Place a piece of cotton in venerial pouch, saturated with the germicide also. This dressing should be changed twice a day and the pouch thoroughly washed.

This treatment is for the first stages of the disease and if directions are carefully followed am sure you will be pleased with results. Following is the prescription for the germicide:

℞ Fld. ext. belladonnae, gtts xxx.
Protargol, grs. xii.
Aquae, ℥ iv.

M. Sig. Apply on cotton about the glans and use as an injection directly after each urination. Increase protargol as discharge begins to cease.

GLAUCOMA.

(Sixth Paper.)

J. A. Pratt, M. D., Aurora, Ill.

The treatment of glaucoma can be placed under four heads: Preventive, medical, massage and operative.

Preventive medicine of any kind is never credited to the physician, yet it is the ideal practice of medicine. In eyes predisposed to glaucoma, as those having small corneas, glaucomic ancestry, or where glaucoma has attacked the fellow eye, we should do out utmost to prevent the impending danger. First all refractive irritation should be removed, by the wearing of proper glasses. Care should be taken not to over work the eyes. Many people, for some reason, have concluded that the eyes can never be fatigued. Frequently patients complain that they are unable to read for more than three or four hours on account of the tired feeling in the eyes, and wish glasses to remedy the defect. Cold, exposure and great physical exercise should be avoided. The proper amount of sleep and exercise should be taken, and all bodily ailments should be corrected as much as possible. The well eye in a glaucomic patient should be watched with particular care. Hygiene is the greatest of prophylactic treatment.

In acute attacks of glaucoma, it is well to give first a saline pure. If the patient is unable to rest morphine should be administered, as rest is particularly beneficial. Hot applications to the eyes will relieve the pain.

Eserine, one grain to the ounce should be dropped in the eye to keep the pupil contracted. It is well to add cocaine to the prescription in the proportion of four grains of cocaine to one of eserine to the ounce. In this way you will obtain the action of the cocaine on the blood vessels and still retain the myotic effect of eserine. The patient should have a thorough examination and any gout, rheumatism, syphilis, or any abnormal condition of the digestive or eliminating organs should receive the best of attention. In using eserine, if the desired effect is not produced in a reasonable time, it can frequently be hastened by gentle massage of the eye. If the iris will not contract we have a secondary glaucoma to deal with, and more radical measures must be instituted at once. If eserine is not well borne pilocarpine may be substituted.

Massage can be introduced at any stage of the treatment with great benefit. It can be given in three ways: Direct massage to the corneo-sclera junction. Massage through the lids by a rotatory motion, and massage through the lids in conjunction with a mild galvanic current. The hand that is used to massage with to be the cathode.

Dr. Richey says of massage: "Light taxis of the bulb through the closed lids, over the cornea and ciliary region, if the eyeball is not too tender, with the palmar surface of the index, or the index and middle fingers, should be practiced. The pressure should be light and alternating in character. It aids the contractile action of the pupillary muscular fibres, empties the swollen veins of the fundus, and restores the iris and lens to their normal position. The pupillary nerve filaments recover their tone, of which pressure had deprived them; the pupil recovers its size, and tension is reduced. By this system of taxis, without other mediation, I have reduced tension. In chronic glaucoma, not responding in the slightest degree to eserine, I have found tension lowered and the pupil contracted under gentle taxis for ten minutes, even less."

Since announcing the use of direct massage in the treatment of glaucoma, I have received a number of reprints, where massage through the lids has been recommended. I prefer direct massage because of its rapid action, and being able to keep the patient in constant touch with the physician. Home treatments will always lag.

(To be Continued.)

NERVE EXHAUSTION.

By D. Housworth, M. D., Clem, Ga.

I recently had a case of nerve exhaustion that had failed to yield to any and all treatment, and finally I gave Daniel's Concentrated Tincture of Passiflora Incarnata. It is with some degree of hesitancy that I send this report (upon ethical grounds strictly), as this is my first endorsement of a proprietary article. I gave this preparation to this patient and after a fair and impartial trial I was more than pleased with it, as it gave the relief much sought but never found before. My patient continues to improve and I now feel confident of a permanent cure. I shall be pleased to report further results from the use of this valuable preparation in this and other similar cases which may come under my care.

Reports from careful clinicians in all parts of the world show excellent results in treating pulmonary tuberculosis with formaldehyde inhalations. But it is necessary to combine with it other treatment in order to get the best results. The internal administration of chlorinated creosote and the hypodermic of bromine-iodine is a successful treatment in a large per cent of cases.

ALKALOIDAL THERAPEUTICS

This Department is conducted by A. L. Blesh, M. D., 709 W. Noble Ave., Guthrie, Oklahoma. Original articles, reports and notes on dosimetry are desired for this Department.

ALKALOIDAL MEDICATION.

(Eighteenth Paper.)

By A. L. Blesh, M. D., 709 West Noble Ave., Guthrie, O. T.

INTESTINAL AUTO-TOXEMIA.

Within the last score of years the doctrine of infections and the relation they bear to disease causation has come to be greatly modified. In the early days, when first the part played by microbic infections was beginning to be dimly grasped by the medical mind, the working formula was something like this: The germ, plus its implantation within the organism, equals the resultant specific disease.

An indefatigable search was inaugurated to find the supposed true cause of each and every disease. The profession vainly endeavored to reduce all diseases to harmonize with this formula.

How our hearts swelled with the knowledge of our pre-science, and how we pitied the ignorance of our ancestors and really wondered how, with their ignorance of the true cause of disease they could practice at all! We ignored the personal equation—the personal receptivity played no part whatever. It was simple—beautifully simple.

Gradually a truer conception of the role that microbic infections played in disease—causation—dawned. It is now quite generally accepted that in order to produce infection in the accepted meaning of that term it is necessary that:

1. There must be an antecedent tissue weakness predisposition or, in short, a cellular inactivity.

2. That the infection must occur during this period, i. e. at a time when the normal anti-toxin peculiar to the variety of infection is deficient in amount or potency.

The resistance of normal tissue to infection varies much at different times. Some individuals are never resistant to certain infections, as for example, the so-called herditary susceptibility to tuberculosis characteristic of some families. Again, the therapeutic problem of today is not so much how to deal with bacteria and other microbic life per se, as it is how to minimize and antidote the poisonous products of their life—chemistry. It goes without saying that the less of these toxins which find entrance to the blood the milder the course of the ailment.

The intestinal tube from mouth to anus may under certain circumstances become a most prolific generating ground for microbic life. These microbes do not generally do their mischief by themselves gaining entrance to the blood—as a rule when they do do so they are destroyed at once—but by their life-chemistry they form certain soluble compounds, very much like toxic alkaloids in effect, which are absorbed and give rise to protean disease-manifestations.

In a normal gastro-intestinal tube nature has provided antiseptic juices, mostly of the ferment type, which are inimicable to all extraneous life-forms. So that toxic breeding bacteria cannot develope therein.

The bile has an important function

to perform in maintaining gastro-intestinal anti- and asepsis. Who, for instance, is not familiar with the distressing phenomena of so-called "biliousness?" Really it is a lack of "biliousness" that makes one feel so stupid and melancholy. The symptoms are not unlike those of mild opium poisoning.

While intestinal auti-toxemia is not per se a disease, it yet enters very actively into all diseases. Many times it is the last feather's weight which bends and finally breaks the camel's back.

Eliminate it as a factor and many patients will recover who would not do so otherwise. To do this successfully, as practitioners, it is not necessary to know all the multitudinous names and classifications of the ultra-refined bacteriologists—for this much at least, we may thank the ultimate simplicity of true knowledge.

Disease attacks an individual and at once the digestive process is disturbed. Nature's antiseptics are insufficient. Can we by any means known to medical science, prevent the growth of bacterial life and putrefaction and various fermentations dependent thereon? Or, if it has begun, can we check it in its course by any means that is safe to the patient?

The extreme heat of summer depresses the vitality of the infant and immediately there follows a chain of symptoms long since known as "summer complaint," cholera morbus and that terrible thing we call cholera infantum. Have we any weapon against these? If so, then we have these formidiable diseases at bay because in some of them, i. e.: bowel disorders of infancy—hot weather diseases—they are the great element of danger.

The picture of the symptom group of these summer complaints of childhood is only too vivid in the minds of most of us. In them we have the stupor of opium poisoning the convulsions of strychnine, or at least something very closely resembling them.

In these days we have approached very closely to a correct answer to these questions. It is comprised in the one word, intestinal antisepsis and asepsis. That word is coming to be talismanic with many of us.

How will we disinfect and cleanse the gastro-intestinal tube?

1. Open the bowel thoroughly with a cathartic capable of exciting the normal secretions therein to the highest possible point, so as to make available the best possible antiseptics. Of all things to do or to attempt to do, the most dangerous is to fly right in the face of conservative nature by checking the secretions she is attempting with so much labor and at so great a cost to establish. It may be taken as an axiom that a constipated bowel is never aseptic, and while the constipation continues cannot be made so. The intestinal flux is nature's conservative effort to establish an aseptic state. The choice of remedies will largely depend upon the condition present. Sometimes salines, frequently calomel, all old remedies it will be perceived. Some way those old fellows that used to practice medicine when we were in swaddling clothes had a happy-go-lucky way of stumbling upon the right thing, even though they didn't know anything about bacteriology. My preference is usually for calomel in decided doses, frequently repeated to effect. It is not so much an antiseptic itself, but through its action upon the glandular structures, bathes the whole tract in aseptic bile and the other glandular secretions.

2. The administration of the intestinal antiseptics in doses sufficient to completely deodorize the stools. Of course we know that deodorization is

not necessarily disinfection, however as a working guide it will not often lead us astray. For this purpose we have quite an array of remedies. At the front of them all, in the writer's opinion, stand the sulfo-carbolates, mixed or singly. Some prefer salol, some the salicylates; in fact all the aromaties have more or less power in this direction. All, or nearly all, of these have their dangers however, and sometimes the danger point of drug action is reached before it is present in sufficient quantity to act as a local disinfectant. A pure preparation of the sulfo-carbolates is without this disadvantage. They may be pushed to the point desired, taking the condition of the dejecta alone as a guide. An adult will usually require from 40 grains to 2 drams in 24 hours, and sometimes it requires as much to disinfect a child's bowels as it it does an adult's. Copper arsenite also has a decided action along these lines and where for any reason the sulfo-carbolates cannot be administered it should be used. The method of its administration has been dwelt upon in the paper upon that subject.

Combined with judicious dieting and a proper symptomatic treatment, when begun in time, this method ought to save nearly all these cases.

These principles applied in the treatment of typhoid and other lingering fevers will very much modify the severity and shorten the average duration of them. The temperature will range from one to two degrees lower when the bowels are aseptic and delirium will generally be absent altogether.

Any physician can with honor to himself be termed a crank upon the subject of intestinal asepsis. The sulfo-carbolates are among the few remedies that can be given in a routine manner without harm.

(The end.)

RHUS TOX. POISONING.

By R. L. Patterson, M. D., Oakdale, Pennsylvania.

This is the season of the year when when physicians are interested in a reliable and efficacious application for the erythema of the skin caused by contact or getting on the leeward side of the rhus toxicodendron or allied plants. I have been using for the past twenty years:

℞ Glyco-Phenique, Declat's.
Aquae, a a.

M. et S. Apply by means of lint or absorbent cotton.

If you use this you will never have reason to regret it, nor in the future will you need to search the materia medica or current journal literature for a reliable and pleasant topical application to subdue the most severe form of acute erythema from the above cause in a few hours, with satisfaction to yourself and patients. When the erythema becomes a little chronic I use:

℞ Glyco-Phenique, Declat's.
Olei Olivae Opt., a a.

M. et S. Use in same manner as first formula.

Glyco-phenique is an ideal remedy for any form of acute skin inflammation. Oakdale is in what is known as the McDonald oil region, sixteen miles west of Pittsburgh, on the main line of the P., C., C. & St. L. R. R., where there are large coal mining and petroleum interests, each mine employing 100 to 150 men. In the Pennsylvania petroleum and natural gas regions many of the wells are located in the woodlands, and rhus tox grows abundantly here. Many of the workmen on the wells and in the pipe-line service I have treated who have come in contact with it and have suffered with the erythema caused by it. I never found a satisfactory remedy until I found glyco-phenique.

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J. P. THORNE, M. D., Editor.

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Society news and reports and items of interest are gladly received

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APPENDICITIS.

Some of our readers have wished to see something on appendicitis in the Recorder and we are fortunate in being able to publish some valuable articles on the subject. In April Dr. J. W. MacDonald favored us with an article on the surgical treatment, which has been read with interest. This month we have an article by Dr. M. O. Terry on the medical treatment. Dr. Terry has had an extended and successful experience in treating appendicitis medically, and his method of treatment is worthy of consideration. He has discussed the subject thoroughly in the Medical Times, whose readers are familiar with his views, but to many of our readers his treatment will be new. The paper we publish was read at the 1897 meeting of the Association of Military Surgeons of the United States. Dr. Terry has revised the paper and with still more experience he does not change his opinions.

In our department, Gleanings from Recent Monographs, we present extracts from late writings by Drs. H. O. Walker, Edobohls and G. W. Crile; also the opinion of Dr. Powell. The following is an abstract from Merck's Archives:

Appendicitis treated medically and without surgical interference seems to be the demand of the hour. In an editorial in the International Medical Magazine this reform is strongly commended, and the results of Carpenter, of Oneida; Hutton, of Chicago, and Kellogg, of Battle Creek, referred to approvingly.

Carpenter had been accustomed during a period of forty years seeing annually from five to twenty cases, such as are classed as appendicitis, and without resorting to surgical measures in any of them, he had only lost one case. He gives a sedative at the beginning, when pain is severe, applies a poultice, and gives in solution 1.120 gr. of corrosive sublimate and $\frac{1}{4}$ min. of aconite every two hours. In some instances he began the treatment with from 15 to 20 gr. of calomel in one dose.

Hutton reports that in 100 cases of appendicitis he has not lost one, and although a surgeon, he operated on none. He gave from $2\frac{1}{2}$ to 10 gr. each of sodium bicarbonate and calomel every hour for three or four doses, followed by a saline purge where necessary, and applied cloths wrung out of boiling water. When there was fecal impaction, he preceded or accompanied the treatment by copious enemata, continuing them until there was a complete unloading.

Kellogg cites six desperate cases in which all were saved by hot enemata to unload the bowels, three times a day or oftener, with the additton of turpentine and magnesium sulphate in obstinate constipation. Hot fomentations were applied every hour or two for fifteen to twenty minutes, followed by the application of towels wrung out of very cold water, and sometimes an ice-bag was kept over the seat of the pain.

The writer refers to his own experience,

in which hot flaxseed poultices were applied locally and 1-10 gr. of calomel given every hour or two, followed by salines where necessary to open the bowels. None of his cases ended fatally, and two only were operated on. Under the treatment by calomel and poultices, begun early, he has seen many cases recover completely within four or five days. Having kept no record of the number of cases, he could not say how many he had thus treated, but should judge about fifty. The editor closes by saying that such experiences as those of Carpenter, Hutton and Kellogg should encourage physicians who have been on the point of acquiescing in the new doctrine that every case of appendicitis is one for the surgeon from the very start, to attack the disease more energetically and hopefully with remedies which have proved so remarkably successful. Especially is this true when treatment can be instituted early; but whenever a case is not seen till it has already progressed to the formation of an abscess, or there are signs that one has formed in spite of the remedies, it is wiser to have a surgeon in attendance, thus dividing the serious responsibility, and affording greater hope of rescuing the patient in the event of a rupture into the abdominal cavity.

A wide distinction should be made between acute and chronic diseases as to their amenability to drug-treatment. Chronic invalids are often better off with very little or even no medicine, relying upon hygienic, climatic, and mechanical forms of treatment; but in many acute affections there is a golden time in the beginning when boldness in the use of the appropriate remedies may work seemingly magic results.

Much of the appendicitis we have had during the past few years seems to have an epidemic character and to be associated with influenza. Such attacks are always acute and seldom recurrent. In these the calomel-poultice-saline treatment may be the very thing needed, while in chronic recurring cases only operation is available. It is never wise to swing from one extreme to another. In using small doses of calomel, as referred to by the editor of the Medical Magazine, it is sometimes wise to add a little sodium bicarbonate thereto, particularly if the druggist who dispenses it is not over anxious to rub it up thoroughly. Sugar of milk is sometimes ordered with it, but this produces a gritty taste in the mouth. A good formula is:

Calomel, 1 to 3 gr.
Sodium bicarbonate, 15 gr.
Powdered sugar, 20 gr.

Make 10 powders, and take one every hour or two till they operate.

There are extremists on both sides of the appendicitis question, and the probability is that a middle ground will be taken in the end. Many cases recover completely without operation, and others again must be operated upon. The physician should so develope his diagnostic powers as to be able to decide which method of treatment is applicable to his case.

SUMMER DISEASES.

As the season is now here when the gastro-intestinal troubles, peculiar to summer, are beginning, it is appropriate for the Recorder to devote some space to the subject. This month Dr. Blesh gives the principles of treating these diseases, and next month several articles will be published on the subject. The following are the leading articles on the subject which our readers will enjoy next month: Gastro-Intestinal Diseases of Children, by Dr. Joseph Adolphus, Atlanta, Ga.; The Gastro-Intestinal Troubles of Old People, by Dr. Ralph St. J. Perry, of Farmington, Minn.; Diarrhea, by Dr. Fordyce H. Benedict, of Weedsport, N. Y.

ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Irisol is a prince among antiseptic powders. It is pleasant and efficient.

Sharp and Smith, the well known reliable instrument makers are now located at 92 Wabash Ave., Chicago.

Elkoeine is gaining a wide reputation. Its action is prompt, tones the nervous system, relieves the fever, relieves hyperacidity of the stomach.

We are informed that Dr. Triplett's post work on rectal diseases, hernia and catarrh is now in 39 states, and that it is proving very useful and satisfactory to those who have taken it.

Dr. M. C. Myers, Kansas City, Mo., says: I have one word of praise to say for sanmetto, viz: that the last bottle gives the same results as the previous one, or in other words, sanmetto is always reliable in strength.

The Northwestern University Medical School will conduct a summer course this year. It will consist of laboratory and clinical work for physicians and students. The school will soon issue a medical journal under the direction of Dr. A. R. Edwards.

Some of our friends have sent us extra copies of last years Recorders so that now we have a few full files of the volume. Those who have not yet bound their volume should send us their numbers and we will bind the volume for sixty five cents and we will supply missing numbers free of charge. The treatise on the alkaloids, alone, makes the volume worth binding for library use.

Dr. J. W. Baird, professor of chemistry at the Massachusetts College of Pharmacy, says: I have recently made tests upon some malt extracts plain, to determine the number of parts, by weight, of reducing sugars, that one part of the extract will produce from starch within a given time, thus showing their comparative activity. I purchased the samples in the open market and the following result may be of interest to you. The figures represent the number of grammes of reducing sugars, (calculated in terms of maltose), that one gramme of the extract forms, when in contact for 30 minutes with an excess of arrowroot starch paste, and are the average of two determinations.

0.3608.....A diastasic malt, plain.
4.4531.....A diastasic malt, plain.
6.2314.....Maltzyme, plain.

Elegance in pharmacy often will achieve a success for the physician which is unattainable by even the greatest ability or painstaking care on his part. Particularly is this true in pediatric practice. When one intestinal astringent can be given in a pleasant and palatable solution whilst another also with desirable therapeutic action is unsightly and distasteful, there certainly is no question

as to which should be chosen. For these reasons a soluble form of bismuth known as bisol is a most desirable drug at this time of year, in the treatment of the numerous gastro-intestinal disorders of the little ones. It is a salt virtually harmless, which is prescribed in smaller doses than the older series of bismuth salts (3-7½ grains) and has the advantage of forming a perfectly clear solution in water. It has been found highly efficacious also in the diarrhœas of typhoid, of dysentery and of phthisis. In gastralgia and vomiting it is of the greatest service. By adding tannin to a solution of bisol there may be prepared a moist tannate, or a salicylate of bismuth stronger by far than the usual forms of these drugs in that they contain more tannin or more salicylic acid and besides seem to possess a power which may be compared to that of a substance in the nascent state.

In the January 21st, 1899, number of The Journal of the American Medical Association, Dr. Alexander Rixa, of New York, contributed a very interesting article on "Prevention of Hay Fever." After a highly interesting historical review, and a brief survey of the results achieved in the past few years, the writer resumes the results of his own investigations.

His ingenious researches for a number of years, regarding the etiology of hay fever, lead him to admit that the pollen of the Roman wormwood, ragweed (ambrosia artemisæfolia) is the primitive and active cause of this peculiar disease. By inhaling these pollen he produced the symptoms of genuine hay fever. He writes as follows:

From the time I found the pollen to be the exciting cause of the disease, I concluded in a logical way upon the proper treatment. I conceived the idea of rendering the receptacle aseptic by preparing the soil for the reception of the pollen. Naturally, they will find no proper soil for a possible generation, propagation or development, destroying their existence in embryo, so to speak, and with it the real cause of hay fever. For this purpose I decided on the following treatment.

About two weeks before the onset of the disease I commence to irrigate or sterilize the nasal cavity and the post-nasal spaces with a harmless antiseptic solution, using the douche and atomizer. After giving a great number of antiseptics a fair trial, I decided on hydrozone as the most innocuous and most powerful germicide. Hydrozone is a 30-volume aqueous solution peroxide of hydrogen. At the beginning I use it for irrigation diluted in the proportion of one ounce of hydrozone to twelve ounces of sterilized water. Nearing the period of the expected onset of the disease, I increase the dose to two or three ounces of hydrozone to twelve ounces of sterilized water, according to the severity of the disease, using the douche, either tepid or cold, four times a day—morning, noon, evenings and at bedtime—while during intervals I use the atomizer, with a solution of hydrozone and pure glycerin, or sterilized water, one to three, thus keeping the nares perfectly aseptic during the entire period, and preventing the outbreak of the disease in consequence thereof.

In most obstinate cases, when there is still some irritation in the nasal cavity, I give as an adjuvant the following prescription.

℞ Acid boracic, gr. xx.
Menthol, gr. iv.
Glyco-thymoline, oz. ij.
Sol. eucain B. 4 per cent., q. s. ad oz. ij.
Sig. Use in atomizer.

As a rule this treatment was sufficient to avert the disease and keep the patient in perfect comfort.

THE MEDICAL SOCIETIES.

THE AMERICAN MEDICAL ASSOCIATION.

The fiftieth annual meeting of the American Medical Association opened at Columbus, Ohio, June 6, with about one thousand physicians in attendance. The annual address of the president, Dr. J. M. Mathews, was devoted to the prevention of the growth and spread of tuberculosis by means of special hospitals in which the disease could be treated. He said:

In several large cities in the United States an earnest effort has already been made to carry this through into practical utilization, especially so in Chicago and New York. It can readily be seen, however, that but a comparative few out of the number afflicted can be accommodated in this manner. A country or state that is ever on the alert to prevent the landing of a foreign foe or a hostile army surely should ever be ready to aid in the suppression of a foe to the human race ten times more destructive to the human life than the invasion of the country by an army of great size, armed with the most improved rifles. Let us, then, in the name of humanity, invoke aid from the government of this very humane people in order to help put down and thoroughly conquer the foe.

Dr. Francesque Crotte, from Paris, delivered an address on the treatment of tuberculosis by means of formaldehyde inhalations and the transmission of remedies into the tissues by means of static electricity.

The following resolutions were adopted by the association:

Whereas, From carefully prepared statistics, it is found that of the deaths from all causes between the ages of 15 and 60 years, one-third result from tuberculosis, and that one in every fifty persons has this disease: and

Whereas, Competent authorities claim that under proper treatment from at least one-fifth to one-quarter of these affected by tuberculosis may be cured: and

Whereas, The European governments are actively engaged in an endeavor to stamp out this disease, while in the United States nothing has, as yet, been done by us as a nation in this important work: therefore, be it

Resolved, That the president appoint a committee of five, with power to add to the number, which shall prepare a report on the nature of tuberculosis, its communicability, and prevention: the more effectual means of controlling the spread of infection and of educating the people in personal hygiene, so as to lessen the chances of their becoming tuberculous, and to increase the prospects of their recovery: the advisability of establishing national and State sanitoria, and such other matters as may be pertinent to the subject.

Resolved, That the committee shall present this report to the Congress of the United States and the Legislatures of the various States of the union and urge upon them that appropriate measures be speedily taken.

A demand was also made for a portfolio in the cabinet of the president of the United States, as a department of public health is one of the great needs of the country.

The following is a list of officers elected for the ensuing year:

President—Dr. W. W. Keen, of Philadelphia.

First vice-president—Dr. C. A. Wheaten, of St. Paul.

Second vice-president—Dr. E. D. Ferguson, of New York.

Third vice-president—Dr. G. M. Allen, of Liberty, Mo.

Fourth vice-president—Dr. W. E. D. Middleton, of Davenport, Iowa.

Secretary—Dr. George H. Simmons, of Chicago.

Treasurer—Dr. H. G. Newman, of Chicago.

Assistant secretary—Dr. J. A. Jay, of Atlantic City, N. J.

Librarian—Dr. G. W. Webster, of Chicago.

Chairman of the committee on arrangements—Dr. Phillip Mayer, of Atlantic City, N. J.

Trustees of the association—Drs. E. E. Montgomery, Philadelphia: H. E. L. Johnson, Washington, D. C. and C. A. L. Reed, Cincinnati.

Judiciary council—Drs. J. E. D. Griffith, Kansas City: J. E. Cook, Cleveland: J. H. Beillaiche, Washington, D. C.: J. B. Lewis, Topeka, Kan.: J. W. Irwin, Louisville, Ky. and F. H. Wiggins, Milwaukee.

The address on general medicine next year will be made by Dr. J. A. Witherspoon, that on surgery by Dr. W. S. Richardson of Philadelphia, and that on state medicine by Dr. V. C. Vaughan of Ann Arbor, Mich.

CENTRAL WISCONSIN MEDICAL SOCIETY.

The regular meeting of this society will be held at Janesville, June 28th. The principal topic will be addresses and discussions on the important subject of Criminal Abortion. The program committee has secured two distinguished members of each of the three professions to give addresses, and every physician who can should be present at the meeting. All physicians, whether members of the society or not, are invited to this meeting. The following is the program, as far as arranged at the time of going to press:

Symposium—"Criminal Abortion."

Pastors, Rev. G. R. Leavitt ..... Beloit
Rev. A. G. Smith, D.D., Janesville

Attorneys, M. G. Jeffris, ... Janesville
Senator John M. Whitehead, ... Janesville

Physicians, Dr. Frank Billings ... Chicago
Dr. A. H. Levings .. Milwaukee

Paper ..... Dr. J. A. Jackson, Madison

Paper ..... Dr. A. C. Helm, Beloit

Paper—Eclampsia .....
..... Dr. S. B. Buckmaster, Janesville

Paper—The Gargle .....
..... Dr. J. P. Thorne, Janesville

TUBERCULOSIS CONGRESS.

A congress was held at Berlin, May 21 to 27, for the consideration of tuberculosis. Addresses were made on the subject by a number of leading medical men of authority.

Professor Virchow, who received a great ovation, in an address on the causes of infection, declared that the fears entertained in regard to the meat of cattle which had suffered from tuberculosis were sometimes exaggerated. The flesh of the part not actually affected was in no sense dangerous.

On the other hand, the question of milk was much more serious; a single cow could depopulate whole villages. The only radical cure was to kill the infected animal. Sterilizing the milk was by no means an absolute protection. He believed that just as the war with trichinosis was carried to a successful issue, the struggle with tuberculosis also will be successfully settled, but the intervention of legislation certainly was necessary.

Dr. Curschmann pointed out that a complete cure was in a sense extremely rare, but that a cessation of the destructive process amounting to a cure was not infrequent. In modern sanatoria he estimated that the cures were reaching 20 per cent. The important thing is to deal with the disease in its early stages. After a certain point, when secondary infections set in, there was no reasonable hope for a cure. It was doubtful whether climate exercised any great influence. Wherever there was pure, fresh air and not too sudden changes of weather a cure was possible.

Dr. Brieger, in a lecture on Koch's tuberculin, both the old preparation and the later ones, showed that the pessimistic reaction against the specific treatment, which followed the enthusiasm created by Koch's discoveries after his first failures, was unjustified.

GLEANINGS

FROM RECENT MONOGRAPHS.

In this department we present some of the good ideas from late monographs, of which we receive a great many, some of which have never been published in a journal. We invite medical authors to send us copies of their monographs; while our space does not permit us to refer to all the valuable ones received, yet we shall mention as many as possible. We invite our readers to discuss in the pages of the Recorder, the ideas here presented.

APPENDICITIS. By H. O. Walker, M. D., Detroit, Michigan. Read before the Kalamazoo Academy of Medicine.

This reprint gives the ideas of an experienced surgeon on appendicitis.

The following extracts from the reprint present some of the latest ideas on the subject:

Why is the appendix so frequently affected in contrast to other abdominal organs? First: The predisposing cause of the disease is in the appendix itself, for it is a sickly child at best, in other words it is degenerate. Its muscular coats are of a devitalized character, rather fibrous than muscular. Its nerve supply is limited in contrast to the other parts of the alimentary tract. Only one artery furnishes it with nourishment. Its bulk is largely made up of mucosa and lymphoid tissue. Second: Such a composition renders it more liable to slight trauma, the primary exciting cause of the large majority of cases of appendicitis. Its liability to trauma is undoubtedly due to its location, resting as it does upon the much used ilio-psoas muscle, together with its short mesentery and its inability to empty itself of its contents. Therefore, any abrasion of the mucosa gives opportunity for the invasion of any of the specific bacteria, whether one or more varieties is still a mooted question. The ever-present bacterium coli cummune in the intestinal canal seems to be the most in evidence, as the master of ceremonies in the tragedy, assisted by some of the varieties of streptococci and bacilli with an occasional staphylococcus, for they are all scavengers that find a residence in the colon. All are innocent in character until an erosion of the mucosa takes place when their activity becomes manifest, the extent of which is governed by the extent of the interference of circulation. Foreign bodies, other than enteroliths found in the appendix are rare. I have never seen any in the one hundred and fifty cases that I have operated upon, and these enteroliths in my opinion have been formed in many instances as the result of a stenosis of the appendix from a former attack of appendicitis. These enteroliths or fecal calculi increase as do other calculi by accretion and sooner or later by their presence produce erosions permitting invasion of infecting bacteria, the source of another attack of appendicitis, the intensity of which will depend upon the resistance of the fixed tissue cells. Frequent attacks of appendicitis that are confined to the appendix occasionally end in the obliteration of the appendix, producing spontaneous cures. Those attacks are spoken of as the simple variety, that is, a mild type of appendicitis. Although many varieties of appendicitis are described by writers, it would be in my opinion, better to describe them as degrees of intensity of the disease. Catarrhal appendicitis is only a mild degree of infection, while the so-called fulminating variety is a degree of intense character.

The clinical picture of a case of appendicitis will vary as does the clinical pictures of other diseases. A persistent abdominal pain of any kind should always receive most respectful attention, the location of which is to be determined by palpation, for the patient's description is often misleading, referring it anywhere in the abdomen. Pain caused by inflammation of the appendix can be mapped out somewhere in the right iliac fossa,

either above or below the imaginary line drawn from the umbilicus to the anterior spinous process, usually below, sometimes to the left of the median line, as the tip end of the appendix may become attached there. The tenderness elicited by pressure accompanied with right abdominal rigidity is very pathognomonic of the disease. Vomiting, constipation and diarrhea are variable symptoms. The character of the temperature and the pulse are unreliable as to the true condition that exists. A high temperature and a rapid pulse may occur with an abrasion of the mucosa. A low temperature is suspicious of gravity. An anxious facial expression is also indicative of gravity. There should be no mistaking appendicitis if pain, tenderness and rigidity exist in the right iliac fossa. Its gravity will be a matter of conjecture and the longer its existence the more grave.

Regarding, as I do, appendicitis as a surgical disease, I can but recommend one course to pursue, namely, to operate. An infected appendix is better out than in, for we never know how far the infection may spread. The value of medical treatment is questionable, for many cases get well without any treatment. Opium has so often masked symptoms and stunted peristaltic action that it has carried many a victim comfortably to the other shore. Cathartics are valuable in removing the contents of the intestines, with such toxins as they may contain and better prepares the patient for the operation, but they do not remove the infection. The infection may or may not be confined by phagocytosis. Our diagnostic power has not reached that stage that it can tell us at the onset which case will get well or die. Statistics tell us that the non-operative treatment of appendicitis has a death record of about one in five or six, while timely operative treatment has a very low mortality record. I can only remember of one death where I did a timely operation, and that was in my early career of operations for appendicitis. My deaths in connection with the operation have occurred in hopeforlorn cases. I fully agree with M. Dieulafoy, in his address before the French Academy of Medicine, that "A death from appendicular inflammation ought never to occur."

APPENDICITIS. Observations On Sixty-two Operations in the Attack, With Two Deaths. By Geo. W. Crile, M. D. Reprinted from the Cleveland Medical Gazette.

Dr. Crile's views on appendicitis agree with Dr. Walker's, but he presents a number of different observations on the subject. We present the following extracts from the reprint:

From the literature on the subject and from my own personal observations, it would seem that the question of operation is largely one of personal judgment. In making up an opinion the history and the nature of the attack, the personal equation of the patient, the circumstances surrounding the case, and ability and surgical appointments of the operator must all be reckoned with. If the patient had previously had an attack of dangerous severity, an operation should be performed on diagnosis. If after twenty-four to forty-eight hours' treatment after the initial symptom, there is no improvement, an operation should be immediately performed. If the onset is characterized by great severity greatly overcoming the patient, operation should be at once performed.

The personal equation of the patient must always be considered. Patients having other diseases, such as acute chronic bronchitis, nephritis, or the various other current general diseases,

and patients in the state of pregnancy should be given the non-operative benefit of the doubt. That is to say, if for any reason the subject is not a favorable one for a capital operation, it would seem better to await developments. The circumstances surrounding each case must be reckoned with. Cases not within reach of a hospital, or unable to employ competent nurses, cases in the outlying districts and in the country must be treated accordingly.

Finally, every operator must know his own resources to cope with the disease, and be able to estimate closely the chances for success in any given case. A patient may be safe in waiting under the observation of a physician who is able to accurately estimate the status of the disease at every stage of its progress. The refinements in making diagnosis of the exact status of this disease ought to be such as to have the operation performed before an abscess has developed. The abscess stage of the disease may nearly always be sufficiently anticipated to have an operation performed in time to prevent its development.

My particular idea is not to allow the infective inflammation to extend beyond the appendix, more especially not to abscess formation, for then the intermuscular method of opening the abdomen can not with safety be employed, and post-operative hernia, adhesions, and weakened abdominal walls may result. If, however the right moment is seized, that is to say any time before pus becomes extra-appendicular, the intermuscular method may be employed, and post-operative complications avoided. While thus critically watching a case, the surgeon should be in readiness for immediate operation. Owing to the extremely low operative mortality rate, in the presence of a serious doubt I would operate.

I would especially call attention to a most deceptive and misleading group of symptoms, occurring usually in the second twenty-four hours, namely, the temperature and pulse may remain the same, about but the pain wholly ceases and the patient feels greatly improved. This may be the lull before the storm. The pain may cease because the appendix is dead. Total necrosis may have occurred, and the beginning of the end may have been inaugurated.

During the stage of critical watching the tendency of the disease while making up a surgical judgment, the use of opium is to be deprecated, as thereby the symptoms are masked and the illusive hopes for improvement are only too often shattered.

Another error, too often to the detriment of the patient, is to await the formation of a mass before a diagnosis of suppuration is made. Such diagnosis should be made in advance of that stage of the disease, and when the tendency toward this stage is detected, by means of operation it should never be allowed to develop. Operation in this stage is imperative, no matter what the surroundings or conditions may be. It is this differential handling of the appendicitis question that will yield the patient the best results.

If the non-operative course is at the onset adopted, it should be with a surgeon at the physician's elbow.

There is one group of symptoms I am inclined to believe is too little appreciated, namely the vasomotor. There is no symptom so indicative of the status of the toxaemia as the vasomotor, and in determining whether a given septic case offers any hope for recovery, the vasomotor symptoms are of more value than all other symptoms combined. If this system has not gone to dissolution, there is always a chance for success. I have been accumulating experimental and clinical evidence on this subject and will present it more fully at another time.

In the discussion which followed Dr. Powell said: General practitioners see many more cases of appendicitis than surgeons do, and are equally expert in the diagnosis of the disease. They have cured many cases in the past and are certain to cure many more, if not deterred from treating them when the conditions justify medical treatment only. Good judgment based upon experience will enable the practitioner to call the surgeon at the proper ttme in a majority of cases; for one, I consider it unjust to be thus embarassed, and believe it will not be long before the surgeon will modify his views, and relieve practitioners of the embarrassment they have given us. Much could be accomplished toward bringing this about, if we could get accurate statistics as to the number of appendices, in normal condition or slightly catarrhal, removed by surgeons. Unfortunately, such cases are not reported. The wholesale removal of ovaries has been stopped, and it will be next in order to protect the appendix. But it is not my intention to be hard on the surgeon. I entertain great admiration for him and his marvelous accomplishments. I may need his services within twenty-four hours. I do not want him to be very far away from my case of appendicitis, but I do not want him to hang around the case from the first.

The Relation of movable Kidney and Appendicitis to Each Other and to the Practice of Modern Gynæcology, by George M. Edebohls, A. M., M. D., Professor of the Diseases of Women, New York Post-Graduate School. Reprinted from the Medical Record.

Dr. Edebohls presents some good thoughts on the subject and we select the following:

The relations of movable kidney, appendicitis, and the diseases of the female pelvic organs are of interest and importance alike to the general practitioner, the surgeon, the gynaecologist. Among the women consulting the latter a large number present two; or frequently even all three, of the conditions named, though suffering only from the symptoms caused by one or more of them, and healthy in all other respects. This large class of women can be relieved of their multitudinous complaints and be made perfectly well and happy by the physician who possesses both the power correctly to analyze their symptoms and the surgical skill necessary to perform properly the operations indicated. Nothing short of malignant disease should baffle him in this class of cases. He must not, of course perform nephropexy when the movable kidney or kidneys produce no symptoms, as is the case in about eighty per cent. of all women having movable kidneys, nor should he operate upon the pelvic organs without making certain that they are the cause of the woman's complaints. The appendix, if diseased, he will never go amiss in removing. A certain number of these patients will need nephropexy, appendectomy, and surgical correction of abnormalities in the genital sphere to restore them to complete health. With a large experience based upon constant study of these cases for a number of years past and critical observation of results, I have no hesitation in saying that the indications in each case can always be fully and clearly established. Basing my actions upon this fact, I now decline to accept for treatment any patient, unless with the proviso and express understanding that she will have all the operations indicated in her case. I act thus both in the interest of the patient herself and for the protection of my professional reputation, which is not enchanced by the fact of a patient upon whom I have operated still going about in quest of complete relief and cure.

THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

AN EPITOME OF THE HISTORY OF MEDICINE. By Roswell Park, A. M., M. D., Professor of Surgery in the Medical Department of the University of Buffalo, etc. Based upon a course of lectures delivered in the University of Buffalo. Second edition. Illustrated with portraits and other engravings. Pp. xiv.—370. Extra cloth, $2.00 net. Philadelphia, The F. A. Davis Co., Publishers, 1814–16 Cherry street. 1899.

The history of medicine has been neglected in most schools, so that this book is desired by many physicians as is shown by the rapid sale of the first edition. This history should be read by every physician who desires to be well informed on subjects relating to our profession. Many lessons may be learned from this work which will be of practical value in the avoidance of errors. Dr. Park considers the subject according to the following classification:

Age of Foundation.—1. The Primitive Period, or that of Instinct, beginning with myth, and ending with the destruction of Troy, 1184 years before Christ.

2. The Sacred or Mystic Period, ending with the dispersion of the Pythagorean Society, 500 years before Christ.

3. The Philosophic Period, terminating with the foundation of the Alexandrian library, 320 years before Christ.

4. The Anatomic Period, ending with the death of Galen, about A. D. 200.

The second age, or that of transition, is divided into a fifth, or Greek Period, ending with the burning of the Alexandrian library, A. D. 640, and a sixth, Arabic Period, ending with the revival of letters, A. D., 1400.

The third age, or that of renovation, includes the seventh, or Erudite Period, comprising the fifteenth or sixteenth centuries, and eighth, or Reform Period, comprising the seventeenth, eighteenth and nineteenth centuries.

We quote the following from the chapter on the History of Medicine in America: After this brief resume of the names and achievements of the best known American physicians and surgeons, no longer living, it remains only to say a few words with regard to the general character of their work and attainments. It certainly was the case, during the earlier and middle portions of this century, that men had much to gain, beside addition to their vernacular, by study in foreign countries. Edinburgh and London were, at first, the centres to which men flocked; during the middle of the century they gathered in Paris, attracted by such men as Broussais, Valpeau and others, after which the tide of travel turned toward Germany, where the government does more for the education of medical men and the furnishing of distinct opportunities than is done in any other part of the world. But, thanks to the influence of foreign schools and the receptivity and natural quickness of the American mind, we have reached a point in this country when it is no longer necessary for American students to visit the foreign centres for this purpose, advantageous as these may be in many respects. The only feature in which we are yet lacking is the matter of government aid and the government control of medical institutions, by which better opportunities may be afforded for pathological study. Aside from this and the centralization of cases which government control permits, it may be said that the Americans are in all respects as good practitioners as—and in most respects better than—their foreign colleagues. They evince more of humanity, more of

real interest and care in their patients, and more consideration for their comfort and welfare; while, in all that pertains to fertility of invention, to originality of performance, and accuracy of work, they as a rule, excel. Divested of glamor, American surgery, both general and special, is ahead of most of that which one can see abroad, and the therapeutics of the American profession certainly surpass those of any other nationality. No one need feel, then, that it is necessary to go abroad for any purpose, unless it may be that polish and wide range of general information that necessarily come from travel and observation among other nations and peoples. In practical medicine, then, as in practical living, America leads the world.

An interesting chapter has been added to this edition on atrotheurgic symbolism, which adds to the usefulness of the volume.

MERCK'S 1899 MANUAL OF THE MATERIA MEDICA, together with a summary of therapeutic indications and a classification of medicaments—a ready-reference pocket book for the practicing physician; containing: names and chief synonyms, physical form and appearance, solubilities, percentage strengths and physiological effects, therapeutic uses, modes of administration and application, regular and maximum dosage, incompatibles, antidotes, precautionary requirements, etc., of the chemicals and drugs usual in modern medical practice; compiled from the most recent authoritative sources. 192 pages, $1.00; Merck & Co., New York.

Part first gives ths materia medica, as in actual use to-day by American physicians. This part embraces all those simple medicinal substances (that is, drugs and chemicals) which are in current and well-established use in the medical practice of this country; or which, if too recently introduced to be as yet in general use, are vouched for by eminent authorities in medical science; also, the medicinally employed pharmaceutic preparations recognized by the United States Pharmacopœa. There has also been included, under the title of "Foods and Dietetic Preparations," a list of such pre parations as are frequently prescribed for infant's diet, or for the sick or convalescent.

Part second gives the therapeutic indications for the use of the materia medica and other agents. It is arranged alphabetically, under the titles of the various pathologic conditions. This part summarizes in brief form, the principal means of treatment for each form of disease, as reported io be in good use with practitioners at the present time. The statements thereon are drawn from the standard works of the leading modern writers on therapeutics, and supplemented —in the case of definite chemicals of more recent introduction—by the reports of reputable clinical investigators.

Part third presents a classification of medicaments according to their physiologic actions and is arranged alphabetically under the titles of the actions.

THE NEWER REMEDIES, Including Their Synonyms, Sources, Methods of Preparation, Tests, Solubilities, Incompatables, Medicinal Properties, and Doses as Far as Known, Together with Sections on Organo-therapeutic Agents and Different Compounds of Iron. A reference manual for physicians, pharmacists and students by Virgil Coblentz, A. M., Phar. M., Ph. D., F. C. S., etc. Professor of Chemistry and Physics in the New York College of Pharmacy; author of "Handbook of Pharmacy;" member of the

Chemical Societies of Berlin and London; Fellow of the Society of Chemical Industry, etc. Third edition revised and enlarged. Philadelphia, P. Blakiston's Son & Co., 1012 Walnut street. 150 pages, octavo. Cloth. Price $1.00, net.

The constantly increasing number and complexity of the new remedies render it necessary for the physician to keep informed concerning them, which is quite impossible to do without some systematically arranged book, such as Dr. Coblentz has prepared.

It has been the endeavor of the author to present as complete a list as possible, and with his vast opportunities for research and his experience as a teacher, his efforts have been successful. The various articles have been arranged in a concise, alphabetical form, synonyms being given in their proper places, with cross-references, so that the information wanted can be found with the least expenditure of time and trouble.

The first edition was published in April, 1895; the second in April, 1896; that a third has been demanded in so short a time is an acknowledgment of its value, and has encouraged the author to enlarge the book and increase its usefulness in many particulars.

A section is devoted to organo-therapeutic agents and gives quite a complete list of these remedies and their uses. The chapter on indifferent compounds of iron will be found useful. The following is from this chapter: Compounds of iron with the inorganic acids and halogens are characterized by the readiness with which they attack the teeth, mucous surfaces, and their astringent action; this latter being a serious objection where prolonged treatment is necessary. These features have been overcome in the class known as the "indifferent compounds of iron" which are combinations of iron with albumen, peptone, and the like, being especially adapted where prolonged administration of iron is indicated, as in persistent anemia and chlorosis.

A Review of Recent Legal Decisions Affecting Physicians, Dentists, Druggists and the Public Health, Together with a Brief for the Prosecution of Unlicensed Practitioners of Medicine, Dentistry or Pharmacy, With a Paper Upon Manslaughter, Christian Science and the Law and Other Matter. By W. A. Purrington, of the New York Bar. Counsel of the Society of the State of New York, and Lecturer of Medical and Dental Jurisprudence in the New York College of Dentistry, and one of the collaborators in "A System of Legal Medicine," by Allan McLane Hamilton and others, etc. New York, E. B. Treat & Company, 241-243 West 23d street. 1899. Price 50 cents. 105 pages.

This book contains much recent matter on legal affairs, which physicians will find of value. It reviews the purpose and justification of medical laws and the methods of enforcing them and gives notes of American legal decisions.

The brief gives citations of authority upon any points likely to arise in prosecutions, sufficient to make it of assistance at trial to magistrates, courts and counsel.

The article on Christian Science, written from the legal standpoint is of interest. We quote the conclusion of this chapter:

It may be a matter of policy whether Christian Scientists should be prosecuted; whether cheap martyrdom might not strengthen them. But there seems no good reason, as matter of law, why they should not be punished for the evil they actually do; prohibited, if the policy seem wise, from treating the sick without adequate preparation by study of medical science, and convicted of manslaughter if death results from the interference.

NEW BOOKS.

The following is a list of late books of value to the physician. Any of these books will be forwarded by the publishers named, on receipt of price or they may be obtained of the publishers of the Recorder.

Sexual Neurasthenia—Its Hygiene, Causes, Symptoms and Treatment, with a Chapter on Diet for the Nervous, by George M. Beard, A. M., M. D. Edited, with notes and additions, by A. D. Rockwell, A. M., M. D. Fifth edition—with formulas; New York, E. B. Treat & Company, 241–243 West 23rd St. 308 pages, cloth, $2.00.

Conservative Gynecology and Electro-Therapeuties.—A Practical Treatise on the Diseases of Women and Their Treatment by Electricity. Third edition, revised, rewritten, and greatly enlarged. By G. Batton Masey, M. D. Illustrated with half-tone plates. Royal octavo, 400 pages, extra cloth, beveled edges, $3.50 net. The F. A. Davis Co., publishers, 1914–16 Cherry St., Philadelphia; 117 W. Forty-second St., New York city; 9 Lakeside Building, 218–220 South Clark St., Chicago, Ill.

A Primer of Psychology and Mental Disease. By C. B. Burr, M. D. Second edition thoroughly revised. Pages ix-116. Extra cloth, $1.00 net. The F. A. Davis Co.

The Phonendoscope and Its Practical Application. By Prof. Aurelio Bianchi, with thirty-seven illustrations. Geo. P. Pilling & Son, 1225-29 Callowhill St., Philadelphia, Cloth, 55 cents.

Practical Uranalysis and Urinary Diagnosis—A Manual for the Use of Physicians, Surgeons and Students. By Charles W. Purdy, M. D., LL. D. Fourth revised edition, With numerous illustrations, including photo-engravings and colored plates. In one crown octavo volume, 365 pages, bound in extra cloth, $2.50 net. The F. A. Davis Co., Philadelphia.

The Sexual Instinct—Its Use and Dangers as Affecting Heredity and Morals. By James Foster Scott, M. D. Cloth $2.00. New York, E. B. Treat & Company.

Glaucoma: Its Symptoms, Varieties, Pathology and Treatment. By Alex W. Stirling, M. D., Atlanta, Georgia. With illustrations from micro-photographs. St. Louis, Jones H. Parker, 185 pages. Price $1.00.

Diseases of the Ear, Nose and Throat and their Accessory Cavities, by Seth Scott Bishop, M. D. Second edition. Thoroughly revised and enlarged. Illustrated with ninety-four chromo-lithographs and two hundred and fifteen half-tone and photo-engravings. Pages 554. Extra cloth, $4.00 net; sheep or half russia, $5.00 net. The F. A. Davis Co.

A Text Book on Practical Obstetrics. By Egbert H. Grandin, M. D. Second edition. Revised and enlarged. Illustrated with sixty-four full-page photographic plates and eighty-six illustrations in the text. Pages 461. Extra cloth, $4.00 net; sheep, $4.75 net. The F. A. Davis Co.

The Anatomy of the Central Nervous System of Man and of Vertebrates in General. By Prof. Ludwig Edinger, M. D., Frankfort-on-the-Main. Translated from the fifth German edition by Winfield S. Hall, M. D., assisted by Philo Leon Holland, M. D., and Edward P. Carleton, M. D. Illustrated with 258 engravings. Pages 446. Extra cloth, $3.00. The F. A. Davis Co.

The International Medical Annual and Practitioner's Index. A Work of Reference for Medical Practitioners. Seventeenth year, 1899. 758 pages. Extra cloth $3.00 net. E. B. Treat & Co.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

Subscription Price, $1.00 Per Year in Advance. Single Copies, 10 Cents.

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ORIGINAL ARTICLES.

GASTRO-INTESTINAL DISEASES OF CHILDREN, OR SUMMER COMPLAINTS.

By Jos. Adolphus, M. D., South Atlanta, Ga.

Every summer young children, especially those that are fed artificial food, are attacked with gastro-intestinal disorders, the chief feature of which is diarrhoea of various kinds. In the beginning of the attack, there are vomiting and looseness of the bowels; fever of a remittent type is present, pupils are more dilated than usual.

In nearly all these cases the nervous system is in the outset excited; there are many reflex cerebro-spinal irritations. Often the attack begins with convulsions, which are of various degrees of severity. In some cases, the convulsions are light, in others, they are severe. The state of tension of the cerebro-spinal system is the cause of the various degrees of nervous phenomena.

The alvine evacuations contain at first much undigested food. In some cases the outbreak may begin with real choleric symptoms. After the first two or three evacuations, which are more or less mixed with undigested food, pasty, fermenting and acid evacuations, attended with a little pain. Suddenly they become choleric in nature, watery, containing some green and yellow patches, flakes of shredded epithelium, a little mucus, abundance of serum; without pain; cold skin, unconsciousness, a degree of indifference and partly comatose.

The first thing to do is to give some mild antiseptic to disinfect the stomach and intestines. Pure beechwood creosote is my preference. Put ten drops of Merck's creosote in four quarts of water, shake well each time before giving, a teaspoonful every 20 to 30 minutes. In the interval I give nux vomica 5 drops in two ounces of water, to this I add 4 drops of the best fluid extract belladonna, dose ½ to 1 teaspoonful every ½ hour. I use these two medicaments on account of their sedative influence on the motor tract of the cord and vasomotor centres. They cause the pulse to slow and heart to beat stronger.

Many eclectic physicians prefer gelsemium and aconite; both are excellent and subdue reflex excitements, and cause reduction of heat. They

arè good remedies when there is some strength in the circulation. Aconite is a splendid remedy when the fever is high and tense nerve reflexes, but it must be given in very small doses. It reduces the frequency of the heart by stimulating the vagus roots, also by sedating the excitement of the intrinsic cardiac ganglia, which makes aconite in minute doses a very valuable child's remedy; besides it certainly does sedate the motor tract of the cord. You had better give it in almost homoeopathic dose and wait on it than to run risks with large doses, for children are slow to recover from too large doses of aconite. The heart beats very fast and blood pressure falls very low and reaction is tardy.

I disinfect the stomach and intestines with creosote and use as large doses as is within limits of safety; the medicine is a stimulant to the mucous membrane, constricts the capillaries, and then sedates the mucous glands, and by way of reflex, sedates the cord and medulla oblongata; in this way I account for the remarkable results obtained from it in controlling diarrhoea and disinfecting the alimentary tract. Some physicians prefer guaiacol in one-fifth drop doses, but I always use creosote being sure to get Merck's which I believe is the best of any.

Nearly all cases of cholera infantum come from wrong feeding. Infants at the breast, never fed otherwise, seldom if ever, have bowel complaint, unless the mother's milk is bad from bad or improper food, over work or ill health from various causes. I have seen consumptive women raise their children with out gastro-intestinal disorders occurring when the mother had good, wholesome food and lived rationally.

When a child breaks out with diarrhoea, stop all food of every kind, even the breast. Give plenty of cold or iced water, bathe it in very warm water and place it to rest in a cool comfortable bed. If the vomiting and diarrhoea persist, give creosote water, and minute doses of nux and a spice plaster on the abdomen. I make a spice plaster by sprinkling powdered cloves, cinnamon, nutmeg, a little lobelia seed and a dust of capsicum on a cloth smeared over with thin mush. This is a fine remedy in many cases but in some it fails.

The late Dr. R. M. Auten used fluid extract dioscorea villosa and tincture gelsemium, with remarkable results in stopping vomiting and diarrhoea. In severest cases he gave belladonna and black cohosh in very small doses. I have often obtained excellent results from saturated tincture of black cohosh and salicylate of soda.

Enemas of cold water and chloral hydrate have been highly recommended by many German clinicians in these cases. Two years ago I had three desperate cases, the vomiting and purging were extremely severe. I obtained speedy relief from Jamaica dogwood in doses of two drops every 30 minutes; the remedy appeared to sedate the whole nervous system, when all other treatment had failed. Of bismuth 5 grains, fluid extract ipecac ½ drop in mucilage often abate these symptoms.

The chief point is to see to the food. All these cases, nearly, are owing to improper food. If the child is at the breast when taken sick, after subduing the vomiting and purging, give the breast in small portions, never allow the child to fill its stomach, better nurse often and little at a time; give lime water and glycerine if the stomach becomes sour, after nursing. Use the spice plaster occasionally, give mucilage of gum acacia; make it pretty strong and feed cautiously; occasionally add some lactopeptine to mucilage, which helps to digest the

casein of mother's milk. Some doctors will give acid muriatic in minute doses with pepsine.

Older children that are weaned need the greatest care in preparing the food. I have often derived the best results from giving the yolk of egg and glycerine, equal bulk of each well mixed, of this 10 to 15 drops every 30 to 60 minutes, but don't give too much. Mutton broth is good and is made by slowly cooking over a very slow fire, (heat under 180 degrees), 8 ozs. minced mutton in a pint of soft water and a trifle of salt; continue cooking 4 to 6 hours, add hot water to replenish evaporated fluid and keep up measure. This makes a rich broth, containing about 10 per cent. proteid in solution; skim off fat when cold, warm it when used, feed 1 to 2 tablespoonfuls every hour, add if desired a little fresh sweet cream to afford requisite fat. All hardy food must be sparingly fed to children under 2 years old and milk sugar is to be more freely added for sweetening in place of cane sugar, such sick children lack the power to convert cane sugar and starch into maltose.

I prepare rolled oats by cooking it very slowly 4 to 6 hours using plenty of water; after it is cooked I rub it with a spoon through the neck of a wire sieve, using some hot water to help work it through, the finer part of the proteid matter passes through leaving cellulose, bran particles and other irritating matter on the sieve to be thrown away. This prepared oat pap is excellent food. When the best stock is used, it contains 7 per cent., fat and 12 per cent. proteids, salt, sugar, etc. Rolled wheat is prepared in the same way, both afford the best kind of food to those who can digest them.

I also have found Horlick's malted milk, added to cow's milk, in proportion of one part Horlick's to three or four parts cow's milk, prevents the latter curdling into large hard lumps. The curds are flaky and much divided in small particles.

Such children need fresh, sweet cows' milk; to it may be added a little of the food. I have prepared thin pap, as this prevents milk curdling in the stomach in large lumps. Often cows' milk curdles in hard tough lumps in the stomach, of sick children, even when 5 years old. They need milk as their food but on this account it disagrees with them, and they often become confirmed dyspeptics or have some form of chronic liver or kidney diseases, especially if scrofulously disposed. These cases begin as cholera infantum and become chronic invalids. Medicines are of no good to them. They really become chronic invalids and die of inanition or other diseases that are engrafted on them. The only mode to cure them is attend strictly to their food and the proper preparation of it. Perhaps we had better study this subject more closely than we have heretofore.

GASTRO-INTESTINAL TROUBLES OF OLD PEOPLE.

By Ralph St. J. Perry, M. D., Farmington, Minn.

Just at this time of the year our thoughts tend to gravitate to the intestines of other people, and we prepare to combat the multitude of inflammatory troubles which are sure to follow the exposures and indiscretions of this season of variable temperatures, green fruits and rotten vegetables. In days gone by it has been the custom to give most of our time and attention to the babies, but I propose to say a word for my friends, the old folks. When humanity begins to decline, when the body is unable to supply the waste, there is just the

same susceptibility to disease that there exists in the young and tender fledgling who needs all its energy for growth. Really the aged need more attention and care than the young. Loss of teeth and consequent deficient mastication predisposes to intestinal troubles, and when these defects are further complicated by piles, chronic rectal diseases, constipation, indigestion and dyspepsia, it is not to be wondered at that the infirm fall victims to acute bowel complaints. There are two of these diseases concerning which I want to give vent to some personal views, diarrhoea and dysentery.

The diarrhoea of old folks is usually due to exposure to cold, either by unbosoming the abdomen in an effort to "keep cool" or by irrigating the alimentary canal with large quantities of ice water; very seldom have I seen cases which were due solely to errors in diet. The symptoms we find are griping pains in the abdomen, tenderness, frequent stools, coated tongue, thirst and fever. These, of course, are varied more or less by circumstances purely personal or local in character. In such cases it has been my custom to use aconite and arsenic as the "sheet anchors" of my treatment; drop two or three drops of tincture aconite in a glass of clean fresh water, stir well and give one teaspoonful every hour when awake. Of the arsenic, if you can do no better, prepare two or three drops of Fowler's Solution as you did the aconite and give one teaspoonful every hour when awake. Don't give the remedies together, but alternate them, giving one on the even hour and the other at half past the hour. Cover the glasses to keep out dirt and insects, and mix up fresh medicines every day. I always use the imported tincture aconite, made in Germany from the green plant; it has proven more efficient in my hands and I am willing to rely upon an honest dealer's word that he supplies me with "the pure juice." My experience with tinctures made from fluid extracts leads my wife to observe that the use thereof produces more profanity than it does other results. Now as to the arsenic, get the arsenicum album and copper arsenite, and get them in the form of triturations with sugar of milk or else in the alkaloidal granules. Tablet triturates are out of date, and the laity look upon them with suspicion, as they are "on to" ready made tablets which to them are not far removed from patent medicines. Powders and small granules convey the suggestion of a remedy prepared for the individual case, a psychic element of great value. The triturations should represent 1-1000 grain of the crude drug to the grain (the 3x of the homeo's) and the granules should contain the same proportion. There can be no question as to the value of the arsenical preparations in all cases of griping pains in the bowels, in diarrhoeas and in cases presenting great prostration. For ordinary cases the arsenicum album is sufficient; for cases where there is very persistent diarrhoea with greenish, foul smelling stools the cuprum arsenite is the remedy. To overcome the prostration and exhaustion which follows an attack of this kind, I give quinia arseniate 1-1000 q. 4. h., and to prevent the attack running into a chronic form or recurring, the merc. solubis 1-1000 is given q. 4. h. p. r. n.

Dysentery is one of the dreaded diseases of old age because of the celerity with which it can transport one to the regions beyond. Some 15 years ago I had charge of an old man suffering all the agonies of this disease; I doctored him according to the most fashionable treatment then extant, but to no good; he was rapidly getting away from me and his family

when a change was made in the M. D. and a young Homeo supplanted me. He promptly cured the man, to the great joy of the family and the suppressed indignation of the ex-medical-attendant. Instead of getting mad about it, I sought out the little pill man and demanded an explanation. He told me the whole trick had been done with a few doses of merc. corr. 30x; or in other words corrosive sublimate in doses of one one non-illionth of a grain had cured the patient. This was a rude jar to the therapeutics of my alma mater, but I had learned enough since graduating to appropriate for my own use any remedy which would cure, without regard to its previous condition of servitude; so merc. corr. was studied up, tried on several cases and finally accepted as an addition to my materia medica. I use it now chiefly in the 12 x trituration and have had no cause for complaint since adopting it; give a one grain powder every hour, alternated with aconite as in the treatment of diarrhoea.

Our experience with corrosive sublimate in antiseptic surgery leaves no doubt as to the ability of the drug to cause a dysentery; the experience of thousands of men proves the ability of the remedy to cure dysentery. You say the treatment smacks of Homoeopathy, suppose it does, let it smack so long as it produces the desired result. Then is no law of God or man which prohibits the use of a remedy which will cure, while there are laws which demand that we should relieve our patients as promptly and easily as possible.

By way of prophylaxis there are two things which a long residence in the hot, damp, chilly tropics forcibly impressed upon me. One is to protect the abdomen by a flannel pad (suspended from the shoulders and not tied around the waist), large enough to cover from chest to pubes and from lumbar to lumbar. The other is to eat plenty of pepper, red pepper or capsicum, not the black pepper. It can be eaten with meats or vegetables. The hot tomales put up by the Armour Packing Co. of Kansas City will touch the right spot. *The Vey boys who paddled my canoe for me along the foot hills of the Kong mountains used to make a "pepper soup" which possessed wonderfully stimulating powers. A handful of rice, a few small cleaned and skinned fish, a dozen capsicum pods, all put into a pot with about two quarts of salted water and boiled for half an hour; then served up steaming hot. It used to brace us up wonderfully, and I firmly believe the mess has more than once helped decide whether or not I was to fertilize a palm tree in Central Africa or regain my strength and live to return to the U. S. A. Capsicum is a great stimulant to the aged.

——— *The Veys are a tribe of natives living among the foot hills of the Kong Mountains in Sierra Leone and Liberia.

DIARRHOEA.

By Fordyce H. Benedict, M. D., Weedsport, N. Y.

July has again returned and with its advent we naturally begin to refresh our memories with past experiences in the treatment of gastro-intestinal affections. Only a few years ago these diseases were of such a serious nature that physicians entered upon their treatment with many apprehensions. Perhaps I ought rather to say our treatment of those diseases then made them appear serious on account of our imperfect methods.

I know when I began practice, my first efforts in the treatment of diarrhoea were directed to the immediate checking of the discharges by the use of astringents. In slight cases of the disease this mode of treatment

might prove efficacious and be all that was necessary. But if the attack assumed a form at all serious this method was not only immediately unsatisfactory but ulteriorly resulted in leaving the alimentary canal in a condition which might result in very grave lesions. Of course in excluding astringents we could not eliminate from our armamentarium opium. But the effect of this remedy is essentially different from other drugs of that nature. When pain is intense the condition of inflammation existing in diarrhoea is very much aggravated by its continuance. While opium acts as an astringent in its first effect, by the relief of pain and spasm its ultimate result is to relax and assist nature in her attempt at alleviation and cure of the disease.

If we consider just what conditions exist in diarrhoea we have not far to go to find an analogy for a rational mode of treatment. If a foreign body finds lodgment anywhere in the system what does nature do the first thing to remedy the condition? First sets up an inflammation, with all the vessels leading to the part charged, and filled with blood, and then exudation burrows around the offending particle, the foreign body is expelled and the cure is established.

While nature does not always accomplish this without assistance that is her method and intention, the process I have mentioned. In diarrhoea have we not a condition similar to the existence of a foreign body in the system? No matter what the cause or whence comes the source of infection a condition exists in the intestines analogous to this which nature abhors and immediately endeavors to correct. If the disease is caused by the inhalation of poisoned air or from drinking impure water or eating improper food the process is the same. Inflammation to some extent is set up in the intestinal mucous membrane, exudation takes place in order to flush the canal and so far as possible nature cleanses and heals in this way. If then we follow this teaching we would not at first resort to checking these efforts of nature, but rather direct our attention to changing the contents of the stomach and intestines by the more rational method of asepsis and laxatives if necessary.

If the discharges are too frequent and apparently reducing the vitality of the patient too rapidly I frequently give a full dose of opium in some form to temporarily check the discharges and give nature a rest, but at the same time I administer industrially remedies that disinfect the irritating discharges so that when the rest I have brought about is ended, nature finds her work more than half done in the lessening amount of poisonous material remaining to be removed from the system.

At the present time we have so many excellent remedies to disinfect and render the stomach and intestines aseptic few of us perhaps would follow precisely the same course of treatment in conditions exactly similar. The relief of pain if severe by the administration of some form of opiate would be the first indication for treatment. Usually there exists in the stomach or intestines undigested food which would require some form of the pepsin preparations to correct, advantageously combined in most cases with antiseptics. Salol associated with soda is a favorite remedy with me and seems to answer the purpose of correcting acidity and the formation of poisonous gases which exists to such a great extent in this disease. Where the discharges continue to be offensive and fermentative, I often administer doses of the neutral cordial, rhubarb, golden seal, ipecacuahna, soda, aromatics, which removes the poisonous contents of the bowels easily and allows the future treatment of the case to be more certainly effectual.

My experience with children has been that the administration of this rhubarb mixture is more efficacious with them than with adults, and I seldom treat an infantile diarrhoea without its use. Where there is suppression of the bile I use hyd. cum creta in divided doses till from the nature of the discharges I am convinced the secretion is again established.

The diet should of course receive strict attention also ventilation and cleanliness. As a steady diet I prefer milk in some form, sterilized or peptonized, or if the patient does not like either of these, plain hot milk, not warm, but hot as he can drink, small quantities at a time. Malted milk is a good preparation and is often relished better than anything else.

There are many other remedies I use sometimes in special cases but the above methods indicate my usual course of treatment in this often troublesome disease. I think most of us nowadays aim to accomplish about the same results in the treatment of diarrhoea, though our remedies may differ widely, if the end sought is accomplished namely the saving of the patient that is all that is required and we will not quarrel about the minutae.

DIRECT MASSAGE IN THE TREATMENT OF GLAUCOMA.*

(Seventh Paper)

By J. A. Pratt, M. D. Aurora, Ill.

In taking up the treatment of certain forms of glaucoma by massage, I hardly think it necessary to go into discussion as to the cause of glaucoma.

The treatment would only be applicable in cases in which the cause of the glaucoma is an inflammatory deposit, acute congestion, or chronic passive congestion of the ciliary body, causing a closure of the filtration-angle. The results following operation in these cases are not so flattering that we can abandon other methods. Operations can be performed at short notice, so that with careful watching there is little danger to the affected eye. Patients frequently come to us who dread an operation, or are not far enough advanced in the disease but that treatment can be first tried.

During the winter of 1897-98, while doing a little special work in glaucoma, it occurred to me to use direct massage to the corneo-scleral junction, hoping thereby to cause absorption of the inflammatory deposits and relieve the passive congestion present, which we know are the causes of certain forms of primary glaucoma. I immediately endeavored to ascertain what had previously been written in regard to the treatment, but could find no reference to it and concluded that it had been tried and found wanting. Accidentally, a few days ago, a reprint of an article on the "study of muscae" by Dr. Geo. M. Gould, written in 1895, fell into my hands, and I found therein reference to massage in the treatment of glaucoma. Later, I received a reprint from Dr. S. O. Richey, Washington, D. C., entitled, "Taxis in Increased Intra-ocular Tension", but, in this as well as in the cases treated by Dr. Gould, the massage was performed through the lids, and by the patient. This method was considered, but the direct method was preferred, as the massage can be made directly and limited to the complete corneo-scleral junction, being a treatment that can be better performed by a physician.

While I have had a number of cases where the increased tension has been relieved, the patients have not continued the treatment.

The following is a report of my first case treated by direct massage, which has continued well for over a year, although there still continues a

*Read before the Illinois State Medical Society.

slight contraction of the superior and nasal field:

On April 25, 1898, Mr. T., a colored man, consulted me in regard to his eyes, saying he had become blind in one eye, while, in the other, the sight was becoming poor. He had been treated, but with no benefit. Examination disclosed a typical case of glaucoma. The left eye was blind and stony hard. In the right, the tension was about + 1, with vision of 20-40 and at times slight neuralgic pains. The right eye had been ailing for two months. I advised an operation, but the patient objected. Treatment by massage was suggested and accepted.

The iris was thoroughly contracted with eserin; a four per cent. solution of cocain was instilled; and then, with the back of a hard rubber cataract-scoop, the corneo-scleral junction was gently massaged with a firm, even stroke, from 10 to 20 strokes being made over each place.

The pressure should be regulated in all cases. It is best to start out with a light stroke, and gradually increase the pressure as the treatments progress. It is best not to do too much at the first sitting, but to be governed by the behavior of the eye. After instilling a few drops of a one per cent. solution of eserin and prescribing eserin, gr. j. to fl. ℥ j, t. i. d., the man was told to return on the third day. The treatment was now repeated and again on the second day following. At the end of the third treatment, the tension was normal, and all discomfort was gone. He was told to return in three days, but he remained away ten days. During this time, the eserin was continued and hot applications were made, but, on the patient's return, all the old symptoms were present. This experience demonstrated that the benefit received was not due to the eserin, but to the massage. The treatments were resumed, giving one treatment every day. In a few days, the eye was again normal, and the time between the treatments was increased until, frequently, he received only two per month.

At present, sight is normal, and the glaucomic symptoms have all disappeared. The blind eye was treated as well, with a return of the normal tension, but no improvement in the sight. Whether the result is a cure, remains to be seen, but it is so far exceedingly flattering.

In recommending the direct massage treatment in glaucoma, I would advise the continuation of eserin, and the application of hot fomentations twice a day, with particular attention to the general health.

Massage should be repeated once a day at first. If the eye reacts unfavorably, it lays with the judgment of the physician when to continue. The eye should be thoroughly washed before and after the treatment with a saturated solution of boric acid.

FOUR-FIFTY.

A VEST-BOOK FOR THE GENERAL PRACTITIONER.

By Willard H. Morse, M. D., Westfield, N. J.

In the first place let us inquire what the common diseases of the United States are.

Pleurisy, pneumonia, pulmonary consumption, bronchitis, asthma, whooping cough, laryngitis, dysentery, enteritis, gastritis, parotiditis, dyspepsia, dipsomania, diarrhoea, peritonitis, hepatitis, jaundice, apoplexy, anaemia, meningitis, neuralgia, chorea, epilepsy, nephritis, albuminuria, diabetes, typhoid, intermittent and yellow fevers, diphtheria, eruptive fevers, rheumatism, gout, carcinoma, hepatic colic, croup, the cutaneous skin disorders, the cardiac disorders, men-

strual derangements, nasal catarrh, scrofula, syphilis, gonorrhoea, renal and hepatic calculi, mental disorders.

Are we justified then in speaking of the Fifty Common Diseases? It seems so? There are others, but they are not those that the general practitioner is accustomed to see every day. There are still others, but they are easily resolved into this grouping. There are surgical disorders, but suppose we call that another story.

The Fifty are (1) diseases affecting the respiratory system: (2) diseases affecting the circulatory system: (3) diseases affecting the nervous system: (4) diseases affecting the genito-urinary system: and (5) fevers and other general diseases.

What does the general practitioner need for the treatment of these disorders? Common sense, medical skill, good food and water, pure air, satisfactory environment, proper medicines.

Proper medicines?

Shall we attempt to speak of the fifty proper medicines? Nonsense. Too many? By far. Say twenty-five then? Nonsense. No use in talking numbers: no apotheosis of arithmetic.

Put it as we do the inquiry as to the common diseases. What are the most common medicines to use for the most common diseases?

The anodyne, the hypnotic, the alterative, and the anti-purulent.

O, but you will say, there are others! Certainly there are. We do not propose to attempt to treat the common diseases exclusively with four kinds of medicines. That is not the point.

The idea is this:-There are fifty diseases most common in occurrence, and there are four kinds of medicine most commonly in use.

Admit just that, and you cannot well do otherwise. We deal with facts. What then? Just this:

Naturally the four kinds of medicine are adaptable and available to the treatment of the fifty diseases (and others). Then, in how far is this adaptation and availability to be taken advantage of by the general practitioner?

Do you understand the title now?

4-50.

There are some who will say that there are hypnotics, anodynes, etc., in abundance. True; but we refer to the four standard remedies of the class named.

And those?

Papine—the anodyne, bromidia—the hypnotic, iodia—the alterative, and ecthol—the anti-purulent.

Why these four? Simply because general practitioners who have used them consider that they are perfect ones. This opinion is accepted.

Another remark will be made right here, and that is that there are diseases among those listed as apoplexy for example which no ordinary anodynes, hypnotics, alteratives or anti-purulents will relieve.

Very true; but, we are not discussing ordinary remedies. That which is perfect is extraordinary.

Can we effectually treat these disorders with these remedies?

Yes.

And no other remedies?

Nonsense: the general practitioner is not a duckbill. It is the duckbill who prates of panaceas. Didn't we say that among the practitioner's needs is common sense, and will not common sense direct the exhibition of laxatives and tonics, stimulants and enemas, emetics and antiseptics? It is probably unnecessary to dwell on this.

Let us then take the five classes of diseases, and consider just this question which we have outlined, and which is beyond question or doubt the most important question for the consideration of the general practitioner.

In the treatment of acute or chronic pleurisy papine is valuable, not alone as a palliative, but as a curative remedy. By relieving pain it diminishes the determination of blood to the inflamed part. The immediate effect of this remedy is strikingly and beautifully manifested. The dose is in accordance with the pain and constitutional disturbance. To guard against empyema supervening, there is no remedy in the materia medica equal to ecthol. It is well to give a teaspoonful every hour during the height of the acute attack, and in the chronic cases a spoonful every six hours.

For pneumonia papine is a most consistent and valuable remedy in both the first and second stages. It is indicated not only by the continuance of the pain, but, as well, by the continual vigilance, restlessness, and symptoms denoting constitutional disturbance. This remedy has the pleasure of having bromidia as a congener, if desired. The papine does not interfere with the commencement or progress of the resolution.

For bronchitis ("la grippe", as well), papine would, at first thought, seem to be contra-indicated on inference that it interferes with the secretion of mucus. If however we consider for a moment that the free secretion of mucus is not the cause but the consequence of the abatement of inflammation, it will be seen that by contributing to the latter papine acts virtually as an expectorant. It is therefore fully indicated, as, indeed, it meets every therapeutical indication. For the acute bronchitis of children it is especially excellent.

In a management of asthma we treat the paroxysms and the intervals. Papine effectually aids in cutting short the paroxysms, and in affording marked relief, the patient passing in a few minutes from a condition of great suffering to one of ease and comfort. During the intervals it is well to continue the use of the same remedy.

In pertussis, bromidia is very useful. It has no curative effect, but it arrested both the bronchitis and the neuropathic element, and the quiet and rest that ensues is very notice-

In laryngitis, the intensity of inflammation is lowered, the exudation limited, and the resolution promoted by large doses of papine. Its use does not interfere in any way with the action of other remedies for the spasms and the cough.

In the treatment of gout the usual rule has been to give opiates during the paroxysms if they are well borne. But it is the rule of nature that unpleasant effects occur even from moderate doses. Consequently the sufferers have had to do without anodyne measures. Fortunately papine steps into the breach, and opposes the pain successfully.

Cancer calls for two measures of treatment of imperative value, the mitigation of pain and the procuring of sleep. To allay the pain papine may be depended on, and to procure quiet sleep bromidia is a hypnotic quite without peer. Ecthol should also be administered with the very earliest treatment.

For erysipelas ecthol is not to be doubted or defaulted. It is suited to all cachectic conditions, and to none better than to erysipelas. It is best to give a teaspoonful every three hours. It is also of value as a local application. For the pain, employ papine.

For skin diseases ecthol is a wash that heals, calms the irritation, and cleanses the raw surface. It should be taken internally at the same time, teaspoonful after meals. Iodia as the alterative, and bromidia for hypnotic effect.

For both mania and melancholia bromidia is a serviceable hypnotic, but it may be necessary or advisable to combine papine. The combination

controls the delirium, and is invaluable. It might be said without fear of contradiction that too much opium and chloral hydrate are used for such cases, and that misuse helps to defeat the purposes of treatment.

For the menstrual irregularities iodia is never to be dispensed with. There is no tonic of the uterus and its appendages more reliable and safe. It may be given with equal assurance of good results to the young girl or the married women. For dysmenorrhoea, but in conjunction with iodia, papine is to be freely exhibited.

As a douche in nasal catarrh, ecthol should be tried. It is healing, and it helps to cleanse the nares antiseptically. The dyscrasia of the nasal secretions call for its use.

Papine gives a relief in hepatic, renal and lead colic that no other remedy equals. It relieves the pain and relaxes the spasm with immediate result. Nothing can be more satisfactory. In no other place is it more notably a substitute for opiates.

(To be continued.)

LAWSON TAIT, F. R. C. S.

The attention of the whole medical profession has been called to the career of this great surgeon by his recent death.

Lawson Tait was born in Edinburgh, May 1, 1845, and received his education at the University of Edinburgh. He became a licentiate of the Royal College of Physicians and Surgeons in 1866. He received the honorary degrees of LL. D., and M. D. from Union University and Albany Medical College. He was an honorary fellow of many American and European medical societies. He was house surgeon of Wakefield Hospital from 1862 to 1870, where he developed his interest in surgery. In 1871 he removed to Birmingham, where he developed a world wide reputation as a gynecological surgeon. He was professor of gynecology at Queens College and had been president

of it. He also was much interested in politics, in which he took an active part and had held several honorable positions in his city. He had not been in good health for a few months but his death occurred suddenly at his country residence, Llandudno, Wales, June 13th.

He early showed greal surgical skill and the success of his operative work at Birmingham, brought him an immense practice. The original work he did in the field of operative gynecology, will make his name famous for ages. While most surgeons do not agree with his views on antisepsis, yet he did much good by teaching absolute cleanliness in surgery, and if such complete cleanliness could be generally practiced there would not be much need of antiseptics. He secured his good results by his thorough asepsis.

He was a good writer and contributed many valuable articles to current medical literature.

ALKALOIDAL THERAPEUTICS

This Department is conducted by A. L. Blesh, M. D., 709 W. Noble Ave., Guthrie, Oklahoma. Original articles, reports and notes on dosimetry are desired for this Department.

DYSENTERY.

DOSIMETRIC TREATMENT OF A CASE.

By M. C. Martin, M. D. Paxton, Nebr.

A case occurring in my practice might be interesting and instructive to the readers of the Recorder. One Friday afternoon I was called to go twenty miles to see a four year old girl, who was said to be very sick. About 8 p. m. reached the house and found patient's temperature 104, pulse very rapid and weak, with bloody discharges from bowels very frequent. I put her on aconitine, gr. 1-134, digitalin 1-67, strychnine 1-134 according to dosimetric rules, 5 of aconitine, digitalin 3 and strychnine enough for a tonic effect, to be repeated according to severity of fever. She had considerable tenesmus: the fever came down some that night. I remained all night, she was some better the next morning but refused to eat anything. I tried to give her a warm enema but she would not tolerate the syringe, and her folks would not make her submit so that I had to give it up. We were poulticing her abdomen often; by afternoon she was very bad and her folks gave her up and walked the house wringing their hands and wailing and altogether it was one of the most trying places that I was ever in. However I told them her pulse was pretty good and I encouraged them to continue poulticing her; we tried to give her a dose of castor oil but her stomach rejected it.

Saturday evening I gave her several very small doses of calomel, and Sunday morning I thought of nuclein which I commenced to give her, also, one tablet every two hours. I suggested giving her a white of egg in her drinking water, which was done and she commenced to revive up, I also gave her sulphocarbolate of zinc appropriate for her age. She improved some Sunday, and by evening was able to take some other nourishment. Monday some better but in the afternoon had a faint spell, and they decided to have another doctor see her which I agreed to, but by seven o'clock was so much better that I told them she would recover if no accident happened to her. Tuesday morning was considerably better and I did not wait to see the other doctor as it was not necessary.

My diagnosis was dysentery and entero-proctitis, his diagnosis was entero-colitis. I attribute her recovery to the dosimetric trinity to allay fever and equalize circulation, warm poultices constantly applied, intestinal antiseptics, small doses of calomel to clear out alimentary canal, white of egg to nourish when no other food could be tolerated and nuclein (Aulde's) to build her up. I remained at this place constantly from Friday night till Tuesday morning and it was one of the hardest cases of bowel trouble that I ever experienced.

I hope this case will be of interest to readers of the Recorder.

This case report will certainly interest our readers and shows how successful the dosimetric treatment of such cases is. Zinc sulpho-carbolate is a grand antiseptic in gastro-intestinal diseases.

HYOSCINE.

By J. T. Fotheringham, M. A., M. D., Toronto.

This drug, as is well known, is one of the alkaloids of Hyoscyamus Niger, henbane, nat. ord. Atropaceae, occurring in both leaf and seed. It is amorphous or crystalline, and is isomeric with hyoscyamine, its sister alkaloid, with atropine, and with duboisine. The formula, $C_{17} H_{21} NO_4$, is also identical with that of scopolamine, a very powerful alkaloid obtained from various kinds of Scopolia, nat. ord. Solanaceae, a family of which capsicum and bittersweet are familiar members. The whole of these isomers belong to what is known as the tropeine series of alkaloids, are difficult of differentiation chemically, and are well known as powerful, depressant poisons, exhibiting, all of them in varying degree, the chain of symptoms with which as students we were made academically, if not clinically, familiar by the formula of the "four D's" Dryness, Dilatation, Dizziness and Delirium. They constitute, however, a beautiful example of the fact that drugs, however apparently exactly identical, do clinically display distinct divergence of action, as we shall see of hyoscine if we recollect, without taking time to mention them, the physiological effects of, say, atropine. Scopolamine, for instance, is used as a mydriatic, and is most rapid in its action if instilled into the eye in amounts of one minim of one-tenth ef one per cent. solution. A solution stronger than two-tenths is very apt to cause poisoning. The rapidity of its action causes the eye specialist to use it when prompt and rapid effect is desired, as in early stages of, say, plastic iritis, or to tear down posterior synechiae, but where more prolonged and gradual effect is desired atropine is preferred. This clinical difference of effect of drugs otherwise indistinguishable no human ingenuity is likely ever to be able to explain. Let us leave the facts and the problem to the scientific acumen of the un-Christian Anti-Scientists who revel in the maunderings of Mary Baker Eddy, C. S. D.

The first important communication on the subject of hyoscine was made to the German Chemical Society, in 1880, by Professor Ladenburg.

Hyoscine is not used, the writer thinks, so frequently as its merits, in properly selected cases, would justify. The salt commonly employed is the hydrobromide in doses usually of 1-100 grain. The profession at large are aware that it is used in the asylums for the insane, in maniacal cases, but are not aware of the valuable service it can render in general practice. The writer has, within the past five months, used it with marked benefit in several cases widely differing in character, and has been impressed with its good results.

Case 1 was one of acute senile decay in an old lady of upwards of eighty years, who had been in excellent health till severely shocked by the violence of a relative who had appeared in an intoxicated condition and made noisy and threatening demands for money. She fell rapidly into a state in which death seemed imminent, very slow and irregular pulse, dry, brown tongue, obstinate wakefulness and night-terror, long fits of screaming, with almost total suspension of assimilation and excretion. Hyoscine hydrobromide 1-100 gr. by mouth in the evening, repeated in two hours when necessary, with another 1-100 gr. in the morning, controlled this cortical activity excellently and promptly whenever given, and in two weeks or so, with nux vomica, and proper attention to feeding and excretion, with the occasional use of a mixture containing digitalis, nitroglycerine, and

ammonium bromide, she made an excellent recovery.

CASE 2.—A. B., female, aged 67, after successfully rounding the corner from severe lobar pneumonia, developed meningitis. The delirium of this condition, whether violent and noisy, or low and muttering with plucking at the bedclothes and incontinence of bladder and bowel, was most favorably influenced by 1-100 gr., repeated if needed in two hours. The main danger, cardiac depression, which one might have feared in each of these cases, was not apparent at all. Indeed, in the second case the heart, which had behaved abominably before the crisis of the pneumonia occurred, behaved admirably during the meningitis, in spite of the hyoscine.

CASE 3 was one of mild hysteria in a young married woman. Every evening about bedtime a restlessness would come on, preventing sleep, purely emotional, not intellectual nor volitional, with no apparent cause. Nutrition and elimination were normal, but there was a general lack of initiative and of nervous debility showing itself as usual by nervous irritability. Hyoscine 1-100 gr. acted excellently here again, not as an active hypnotic, but allowing sleep by checking cortical activity. This good effect was in this case somewhat transient, disappearing in a few days.

CASE 4, seen in consultation with Dr. C. R. Sneath, was one of very severe hysteria in a girl of about eighteen. The outlying symptoms noted in my casebook, apart from some very peculiar motor and sensory disturbance, with which I shall not trouble you, were as follows: "Ideation, disordered, bizarre, hysterical, very introspective and emotional, but not delusional, though very nearly so." Hysterical photophobia, aphonia and paresthesia were exceedingly well marked, and all the reflexes, both deep and superficial, were greatly exaggerated. Dr. Sneath has kindly reported the effect of the hyoscine which I recommended, as follows: "Pulse, at first quickened, then slowed and force lessened. After three days' administration of 1-100 gr., night and morning, the pulse fell, ranging from 56 to 60, and became very soft and irregular. On omitting one daily dose the pulse regained its former action. Nervous system, the drug induced quiet sleep, dispelled the very vivid day-dreams, and quieted the tendency to start violently and scream at the least unexpected noise; the photophobia soon disappeared almost entirely (just the opposite effect to that to be expected if one considers merely the enlargement of the pupils and the admission of more light); the muscular twitching still remains in a slight degree, and the patella reflex is less exaggerated."

CASE 5, seen in consultation with Dr. Adam H. Wright, was one of acute rheumatic exacerbation of an endocarditis long previously existing in a youth of twenty or thereabouts. The heart was excessively hypertrophied, and the sleeplessness and mild delirium which accompanied the circulatory disturbance in the brain were very distressing. Morphine was tried with fair effect, especially when pushed to ¾ gr. or 1 gr. each night. Every one knows the reputation of morphine as a steadier of the heart and as a hypnotic in such cases, but on this occasion the addition of the hyoscine is reported to me as having produced a decided improvement on the action of the morphine, better sleep, and less delirium than had been the case during the nights when the morphine alone had been used. The dose was pushed to 3-100 gr. during the night, with no depressing effect on the heart. Indeed a hypertrophied heart, such as the one in question, is often the better of depression, provided it be not secured at the expense of the cardiac centre mainly. [To be continued.]

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

HISTORICAL CHIPS.

Reading and re-reading the eminent Dr. Virchow's oration (London Eng. Oct. 23, '98) I was forcibly reminded of several historical matters, maybe interesting to some of your subscribers, because not generally known.

William Harvey studied and graduated at Padua, Italy, 1602. The circulation of the blood, smaller and larger circuit, was taught there first by Miguel Servet, the martyr 1552. His successor, Realdus Columbus died 1577. His successor Juluis Caesar Aranzi died 1589. The latter's successor Andreas Caesalpini, who died 1603, brought this doctrine to a complete demonstration. To Harvey belongs the credit to fight it out against a host of medical opposition in London and the northern continent. Further Marshal Hall claimed the priority on reflex motion. His first public demonstration was before the London Association Nov. 27, 1832. At the same time John Mueller of Berlin edited his Physiology, a product of five years labor, and early in the spring 1833 gave a far clearer demonstration than Hall's. Prof. Dr. Diefenbach, (Hamburg, 1839).

Neither of both seems to acknowledge that about fifty years before that time lived a man of rare physiological gifts, really a rare worker and deep thinker. This nobleman's name is George Prochaska. Then Prof. of anatomy at Prague, later at Vienna, now about 115 years ago. The title of the work is Adnotationum Academicarum, Fasciculus Tertius, Prague 1784. Reading the work it seems as if he had heard the oration of Prof. Dr. Virchow in an improved edition. His demonstrations on reflex motion and irritability, are clear, and well proved by experiments and given in definite form. There is a great deal of gold found in the reading of the old masters.

DR. F. A. BECKEL.

Sheboygan, Wis.

TUBERCULOSIS.

TREATMENT WITH FORMALDEHYDE.

I am satisfied that we have now an absolute cure for consumption. Nine years ago Dr. Lowe announced the discovery of formaldehyde, and since then many of the leading physicians of Europe and America have proven after the most extensive experiments, that it possesses wonderful bactericidal and germicidal properties. When it was demonstrated by numerous tests and comprehensive experiments that it was destructive to the germ of anthrax, cholera, typhoid, and diphtheria, it became evident that it could be made to reach the bacillus of consumption, and on that assumption, two years ago, Dr. Thomas and myself proceeded in a quiet way to experiment with the drug on tubercolosis, knowing from the character of its ingredients, that no harm could come from its use if judiciously and intelligently applied. The gas was at first generated in a crude manner, and we are now convinced that our efforts were retarded from the lack of proper instruments to generate the gas, which within the last year has been greatly simplified. We commenced by putting the patient in a small room, closing it tightly and then letting him inhale the gas for about ten minutes, which at first produced paroysms of coughing, but soon subsided as the

patient became accustomed to the effect of the agent. We also encountered another difficulty from the powerful effect of the gas on the eyes. It produced a burning and smarting sensation which could not be endured. This was overcome by placing over the closed eyes dry absorbent cotton, and covering them tightly with a piece of rubber dam, such as is used by dentists in their practice. Last year we bought and fitted up the "Martha Washington Hospital", where we are able to care for thirty patients. A few months ago we were furnished with the crystallized formaldehyde made by Dr. Leininger, of Chicago, and found it to possess all of the beneficial properties of the best formaldehyde, and from this fact and that it is readily converted into gas, and the volume easily controlled, we employ no other, and find that our success is much greater.

In our experiments we do not take patients who are past all hope of recovery, but all cases treated have been cases that showed the tubercle bacillus in the sputum. After the fourth and often the third treatment the recovery would commence in a way recognizable even by the patient. The cough and night sweats rapidly diminish, appetite returns, and the patient increases in weight. This remedy is a simple one to use and we can see no good reason why it cannot be successfully adopted by any physician possessing ordinary intelligence. Possibly our geographical position makes some difference in the treatment, as our city is situated on a moderately high dry plain between the extremes of cold north and hot south, and absolutely free from malarial influences.

J. W. SHULTS, M. D.

"Martha Washington Home", Wichita, Kansas.

GOOD RESULTS.

On page 41 you will see a report of a case, for which I am very thankful to say I have received many interesting replies.

I used strychnine before meals, the stomach tube every other morning before breakfast, regulated the diet, changed the general surroundings as much as possible, and am more than pleased to say the case is progressing very nicely. M. F. PARRISH, M. D.

Monroe Ind.

AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

The American Electro-Therapeutic Association will hold its Ninth Annual Meeting at Washington, D. C., September 19, 20, 21, 1899. The president, Dr. F. B. Bishop, appointed the following committee of arrangements:

Drs. D. Percy Hickling, chairman, Jos. Taber Johnson, G. Lloyd Magruder, Z. T. Sowers, Robert Reyburn, G. Batton Massey, Chas. R. Luce, Elmer Sothoron, Llewellyn Eliot, Clifton Mayfield.

Many able papers have been promised and a very successful scientific meeting is assured. There will be a large and varied exhibition of Electro-Therapeutic apparatus in Willard's Hall during the meeting of the Association. Willard's Hall is well adapted for this purpose, as it not only adjoins the headquarters but communicates with it by a corridor, there is also a large entrance directly from the street. The committee also promises a very pleasant social program, including a reception by the president of the United States, an excursion to Mt. Vernon, Arlington and Alexandria, a buffet lunch to be served at Alexandria, an evening visit to the Congressional Library to be viewed under electrical illumination.

D. PERCY HICKLING, M. D.

Washington, D. C.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor.

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Letters, Case Reports and **Questions** are desired for our Discussions Department.

Society news and reports and items of interest are gladly received

HALL & THORNE, Publishers, Janesville, Wis.

THE GARGLE.

For time immemorial the gargle has been considered an efficient method of applying remedies to the throat. In our college days we were taught the value of gargles and many of us left our alma mater with a choice selection of prescriptions, with which we thought we could cure everything from a simple pharyngitis to diphtheria. Not long ago we were rudely shocked by the great authority Dr. Lennox Browne, and others, saying that the gargle was of no use. Some of the older practitioners, who supposed that they had cured many sore throats for years with gargles, were rudely awakened from their dreams and informed that their gargles were worthless. Dr. Kantorowicz, among others, has strongly denied the utility of gargles.

Dr. Sanger has published the results of his experiments in the Munchener Medicinische Wochenschrift. He says that the utility of gargling depends on whether or not the fluid employed reaches the pharyngeal mucous membrane and the tonsils. To determine this point he brushed the tonsils of a patient with methylene blue and made him afterwards gargle with water. The water was ejected from his mouth colorless and there was no blue visible in his mouth, although the tonsils remained intensely blue which showed that the water did not reach the tonsils. This experiment was tried in a series of cases with the same result. In another series of experiments the velum, portion of the tongue and the tonsils were dusted with wheat flour, after which the patient used a gargle of a solution of iodine in glycerine with the result that the velum and the tongue showed the blue color of starch acted on by iodine, while the flour on the tonsils was neither colored nor washed away. Therefore Dr. Sanger concludes that the gargle is useless and advises painting the pharyngeal mucous membrane with a cotton swab.

There is truth in all this but it is not the whole truth. The therapeutic value of the gargle depends entirely upon how it is used. If a gargle is given a patient with instructions to gargle, he goes home and gargles as directed. And this is how he does it, he takes some of the gargle into his mouth and the tongue flies up against the palate. Then he makes a gurgling noise and ejects it and not a drop of the gargle has touched the pharynx or tonsils. Now, if this patient is instructed to flatten his tongue and take some gargle into his mouth, tip back his head and let the gargle run back and hold it a little while, the result will be entirely different. The pharynx and tonsils will be bathed with fluid. We have tried colored solutions in this manner and the pharynx and tonsils gave evidence that they had been bathed in the fluid. Another advantage of this method is that the parts are not aggravated by the motions as in the ordinary way of gargling. A few experiments along this line will soon demonstrate the uselessness of the experiments tried to prove the

worthlessness of the gargle. In our own practice we have given this subject careful attention and are satisfied that the gargle properly used is efficient. Of course the gargle is not the only therapeutic agent in throat work but it is one which has been efficient for ages and when properly used will be of unquestioned utility for ages to come.

CENTRAL WISCONSIN MEDICAL SOCIETY.

Stenographic Report by Wm. Drummond, Medical Reporter.

The regular meeting of the Central Wisconsin Medical society was held in the Rock County Caledonian rooms Wednesday, June 28th, Dr. F. T. Nye presiding. The subject of the morning was

CRIMINAL ABORTION.

Dr. H. T. Byford, of Chicago, presented the first paper. He said: We find that the class who apply most is made up of the higher class of the married women. They come to us and beg us to perform abortion because, they say, we have too large a family now. We must first place upon these women the intelligence that it is liable to do them a life-lasting injury. But, of course, there are cases where abortion has got to be produced to save the mother's life, and in such cases I would advise consultation with a good reputable doctor before performing an operation. Of course they will come to you with all kinds of stories and tell you they can't stand child-birth, but that does not make any difference, if in your judgment they cant stand it, why call a reputable physician and hold a careful consultation. Then again an unmarried woman will want you to produce abortion because she cannot stand the shame of having a child before she is married. She will go on and threaten to kill herself if it is not produced; and many of them are to be pitied, in a way, and that is that nine times out of ten it is the fault of some miserable scoundrel who took advantage of her when she was not on her guard. But that is not the question; we must consider the criminality of the act of committing abortion. Think of it! Could you go to work and kill a little baby? No, of course not; but it is just what you are doing in producing abortion. As to the right or wrong of the thing, I think it ought to be left to the clergy to decide, but they keep away from the clergyman and he practically knows them not. I have known of several cases, and one in particular, where the girl died because she would not tell her mother or the doctor about her troubles. She was taken to a hospital, but she died because it was not found out in time. I think it would be a good plan to have the legislature provide a place for such unfortunate girls where they can go and have their child and get well and return home, leaving the child in the hospital. Then they would not feel as if they had got to be bothered with a disgraceful child all the time.

Hon. M. G. Jeffris discussed the subject from the standpoint of a lawyer, and said: I did not know anything was expected of me until this morning, so my remarks will be somewhat rambling on this subject, but I can tell you some things that will no doubt be new to some of you on this subject. Now in regard to criminal abortion in this state and other states as the law covers it. There are no two states in the country that exactly agree upon that subject, so I can't help you all alike upon that subject, as some of you are from some other state. The law in this state provides that any doctor committing abortion, only when the life of the mother is in danger, is subject to punishment. He must also

call in another reputable physician to consult with him. Now the law does not mean by the clause "unless the life of the mother is in danger," that a doctor who produces abortion upon a woman that threatens her own life, will be exempt from punishment. It has got to be proven beyond any reasonable doubt that her life is in danger on account of inability to meet with child-birth. In Italy it was the custom that a father could kill his children and not be punished for any crime. France did at one time encourage abortion to quite an extent; but in late years they have been offering prizes for the largest families. They found out that it was weakening the country to encourage that criminal act.

Rev, A. C. Smith, D. D., of Janesville, spoke from the stand point of the clergy and said in part: This is rather a delicate question, and it seems a little out of our sphere but I feel as if we must get together upon the subject. I know it to be a fact that a large number and especially those who move in the higher classes are unwilling to bear children. Now if that is so, it is certainly a critical subject and I am glad to state to you that my views were confirmed by the paper that was read here this morning to you. That is, that abortion almost invariably injures the health of the mother. I think that all reputable physicians will uphold me in saying that the doctor, and the mother, that commit abortion should be punished, for it is murder. When does life begin? Why, we all know that life begins at the moment of conception. We hold that we are of the body of Adam. Then there is a higher thing that constitutes man. That is shame, hatred and hope. I do not think that a minister can speak upon abortion. But I know that he can speak upon the criminality of it. There are two things I think ought to be done. That is fine them and imprison them. I find that there are quite a few physicians who are disreputable; now you take these doctors that travel through the country what are they? Why, they are curing catarrh. Yes, catarrh of the womb; that's the kind of doctors that you want to look out for.

Dr. W. H. Earles, of Milwaukee, read a paper and he emphazised some of the good points of the previous addresses. He said that if every woman could be made to understand that abortion endangered the life of the mother, it would save a great deal of crime. He denounced the quacks and urged that every means be taken to prevent this crime.

An animated discussion followed these papers, which space does not allow us to publish this month.

The banquet was held at the Grand Hotel with Dr. J. B. Whiting presiding.

The following is the banquet program:

The Clergyman and the Physician: Rev. A. C. Smith.

Medicine and Law: Hon. M. G. Jeffris.

Medical Societies: Dr. F. T. Nye.

Consultations: Dr. J. A. Jackson.

Music by the Saw-bones Choir as usual.

At the afternoon session Dr. J. A. Jackson, of Madison, presented a paper on "True Surgery vs. Un-surgical Follies, Delusions and Inconsistencies. The doctor called attention to numerous departures from what was considered good surgery. He emphazised the need of a "Chirurgopeia" or an authoritative work of reference. containing all that is best regarding surgical technique for the guidance of surgeons.

The annual elections of officers at this meeting resulted as follows:

President, Dr. J. F. Pember, of Janesville.; 1st vice president, Dr. L. F. Bennett, of Beloit.; 2nd vice president, Dr. G. W. Roberts, of Albany.; 3d vice president, Dr. J. W. Keithley, of Orfordville.; 4th vice president Dr. W. C. McManus, of Edgerton.: sec'y and treasurer, Dr. C. S. Sheldon, of Madison. The next place of meeting will be at Baraboo, in September.

ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Whenever a malt preparation is indicated, maltzyme will give satisfaction.

If you are interested in pianos, write to Wing & Son for their book on pianos.

Strychnine valerianate 1-60 to 1-30 grain three or four times daily often relieves headaches.

Grindelia robusta is said to have a curative action, when applied locally to epitheliomata.

Experiments are being made in Chicago in treating tuberculosis by means of hybodermie injection of pure formaldehyde.

Bisol has a sedative and antiseptic effect on the mucous surfaces of the gastro-intestinal tract which makes it a valuable therapeutic agent.

At this season of the year, most practitioners find almost daily need of the Waugh-Abbott intestinal antiseptic and the zinc and codeine comp.

Drs. Jas. A. Meek and Marcus Kenyon have been elected professors of ophthalmology and otology in the New York School of Clinical Medicine.

Dr. William Hooker Vail, of St. Louis, Mo., says: I think elkoeine one of the most harmless and effective products I have had the pleasure of prescribing.

The new Wesley Hospital of Chicago will be a large six story building and will be a thoroughly equipped modern hospital. $200,000.00 has been raised on the building.

Medical Libraries is the title of a journal published by Dr. C. D. Spivak, Denver, Colorado. It is devoted to the interests of medical libraries, bibliography and letters.

The Bulletin of the Northwestern University Medical School is the name of a new medical journal. It contains original articles by members of the faculty and news and information regarding the school. It is edited by Dr. A. R. Edwards, who presents a very creditable first number.

Dr. M. A. Clark, (Atlantic Medical and Surgical Journal) recommends in entero-colitis in infants:

℞	Tannigen,	gr. 20
	Pulv. peptenzyme,	gr. 30
	Syr. aurantii,	ʒ 4
	Aquae Q. S.	ʒ 2

M. Sig. One teaspoonful every three or four hours.

Professor Ewald prescribes in obstinate acute intestinal catarrh:

℞	Resorcin,	gr. 75
	Bismuth salicylate	
	Tannigen, aa.	ʒ ½
	White sugar,	
	Sodium carbonate, aa.	ʒ 2

M. Ft. Pulv. Sig. Small teaspoonful every two hours.

Yellow fever of a very malignant type is now raging in Brazil.

Dr. Gustav Futterer has recently accepted the chair of pathology in the Northwestern University Medical School.

The use of proper food is a most important part of the treatment of the gastro-intestinal troubles of children. Milkine is a food which gives excellent results in such cases. It has stood the test of careful clinical trial and has been found satisfactory. We advise our readers to send for a supply of samples and give it a trial in daily practice.

Dr. L. W. Gates, of Amish, Iowa, says: In a practice of fifteen years I have never used anything that comes so near doing all claimed for it as zymotoid. I can't see how it could do more, or better work. I have used it in cuts, bruises, sprains, sore throat, stomatitis, and various other troubles, and it has never failed to do far more than I had dared to hope. I would not think of practicing medicine without the zymotoid.

Dr. John R. Popin, of St. Louis, says: I have found the preparation known as sanmetto a most excellent remedy in all forms of vesical diseases that have come under my observation, especially the cystitis attendant on the presence of stone before and after its removal, and also the vesical tenesmus from colds and urethral inflammation, both specific and non-specific.

Acneine is not only building for itself a reputation for superiority in eruptive skin disease, but physicians are noticing a large increase in their clientals by reason of its use. In fact its proprietors are receiving letters from medical men stating that no medicine on the market has increased as it has; and without taking it from other physicians, but by bringing a class of patients that have heretofore been neglected. This is especially true of acne and other eruptive diseases of the face.

Apostoli gave the following conclusions in a paper read at the French Society of Electro-therapeutics, on the galvanic treatment of vomiting:

1. Galvanisation of the pneumogastric nerves, applied according to the rules formulated in 1882 and 1884 by Dr. Apostoli (which comprise the seat, the nature, the dose, the duration, the time, and the number of applications), is the most frequently successful means employed for vomiting of pregnancy and most gastric troubles of hysteria.

2. The best method of galvanisation of the pneumogastrics is that which permits use of the maximum density of current over the nerves, whether by placing the positive pole single or double over the nerve, or preferably by placing over each nerve an opposite pole.

3. The bipolar methed of using the largest total of lines of galvanic current circulating from one pole to the other, is the method of choice, superior for rapidity and efficaciousness to the monopolar method, which, having only one pole active (simple or divided), can, all other things being equal, use only the smallest electrical density or the feeblest total of lines of galvanic current.

4. The clinic has confirmed by sixteen years of Dr. Apostoli's practice the superiority of the bipolar method which he recommends, and its incontestable advantages in the immediate symptomatic cure of the nervous troubles of the pneumogastrics (vomiting, gastralgia, nausea).

Direct exposure to the sun's rays; employment in or living in hot and poorly ventilated offices, workshops or rooms, are among the most prolific causes of headache in summer-time, as well as of heat exhaustion and sunstroke. For these headaches and for the nausea which often accompanies them, antikamnia will be found to afford prompt relief and can be safely given. Insomnia from solar heat is readily overcome by one or two five grain antikamnia tablets at supper time, and again before retiring. If these conditions are partly dependent upon a disordered stomach, two five grain antikamnia tablets with fifteen or twenty drops of aromatic spirits of ammonia, well diluted, are advisible. For the pain following sun or heat-stroke, antikamnia in doses of one or two tablets every two or three hours will produce the ease and rest necessary to complete recovery. As a preventive of and cure for nausea while traveling by railroad or steamboat, and for genuine mal de mer or sea sickness, antikamnia is unsurpassed and is recommended by the surgeons of The White Star, Cunard and American steamship lines.

Dr. George Joachim (Deutsche Medicinische Wochenschrift) states that, while we have in calomel an excellent remedy for cholera infantum, it sometimes proves objectionable by increasing the drain of fluids from the system. This is especially true in cases in which the diarrhoea has persisted for a number of days. Under these circumstances the author advises the use of calomel in minute doses (1-12 gr.) which does not increase the purgation, but exerts a disinfectant action upon the bowels. In combination with this drug he employs tannopine in 5 to 7 gr. doses, three to four times daily. This formula proved of great value in fifty-one cases of acute intestinal or gastro-intestinal catarrh in connectiou with the customary dietetic regulations, Owing to the fact that it is completely innocuous, tannopine may be administered without the slightest risk to the smallest infants. Joachim recommends that the administration of tannopine be continued in small doses for a few days after the diarrhoea has completely subsided, in order to avoid the possibility of recurrences.

In the warfare on microbes which of necessity forms so important a factor in modern surgery, too much care cannot be devoted to the ammunition. Pus must be removed or destroyed, its formation prevented. Alcohol in certain strengths is well known to be a very good germicide. Camphor and menthol also have their merits for this purpose. For some time a combination of these with hydrogen peroxide has been in use in the hospitals of Berlin, and has been found to be a superior antiseptic. The laboratory tests show marked results indicating that these solutions have a germicidal power exceeding what would be expected from the sum of the ingredients. Camphoroxol and menthoxol, as these solutions have been called, not only are powerful germicides, but harmless as well. They do not irritate, they stimulate the growth of healing the granulations, and besides are very staple solutions which retain an undiminished activity for a very long time. Sterile gauze wet with a ten per cent solution forms a neat and most efficacious dressing for any wound surface, and possesses the merit of being not only a powerful but also a continuous antiseptic. As of minor importance perhaps it may be remarked that freely diluted with water they form a very pleasant, refreshing and efficient mouth wash.

GLEANINGS

FROM RECENT MONOGRAPHS.

In this department we present some of the good ideas from late monographs, of which we receive a great many, some of which have never been published in a journal. We invite medical authors to send us copies of their monographs; while our space does not permit us to refer to all the valuable ones received, yet we shall mention as many as possible. We invite our readers to discuss in the pages of the Recorder, the ideas here presented.

REFLEX NEUROSES IN CHILDREN, by Prof. Edgar James Swift, State Normal School, Stevens Point, Wis.

Prof. Swift's monograph shows careful study of a most important subject and we are glad to present some extracts from it.

Child-study has two distinct lines of research, the physical and the mental, and each leads to the other. That the body and mind react upon one another is not a new discovery, but with the beginning of systematic child-study it gained new importance. So soon as educators began to take an interest in the study of child-nature it was seen that these two fields of investigation could not be separated. Whatever metaphysical belief one may hold regarding the relation of mind and body, as a student of child psychology he must regard them as co-ordinate factors in complete development. It is unreasonable to expect good mental work from a child whose nerve energy is being exhausted by some organ whose structural defect is constantly interfering with its functional activity. "Any excess of nervous expenditure to one organ over the normal amount which should be furnished is done at the expense of the others sooner or later." (Ranney, Eye Strain in Health and Disease, p. 5.)

Child-study must be physiological at the beginning. The mind cannot reach its possible development so long as physical abnormalities drain the nerve energy.

For a hypermetropic child, reading and study are weariness and discomfort. Naturally he does not wish to study. He prefers to play. There is less eye strain in it.

Myopia is by no means the most disturbing eye defect, though it is almost the only one that receives any attention from teachers at the present time.

Hyperopia and muscle trouble are much more serious. Hypermetropic eyes are never relieved. From morning till night the strain continues, and in many cases a fixed innervation of the ciliary muscles prevents relief even during sleep. The fact that hypermetropic subjects usually have excellent vision makes this defect especially difficult to deal with, as parents and teachers are not inclined to attribute headaches and other signs of nerve exhaustion to eyes that see as well as the best.

Teachers judge the character of a pupil by his facial expression. A failure to look them in the eye, when talking to them, gives the impression of insincerity. This often does scholars serious injustice. Dr. Ranney has called attention to the fact that in extreme cases of esophoria the open and frank expression of the face seems to be wanting, while in extreme cases of exophoria there is a markedly blank expression of the face. In both cases, he tells us, it is difficult for the subject to look steadily into the eyes of the person with whom he is talking.

Other facial movements are also suggestive. The protrusion of the chin indicates kataphoria, while the withdrawal of the chin and the protrusion of the forehead is evidence of anaphoria. (Ranney, Eye Strain in Health and Diseases, p. 68.)

That many of the most serious nervous diseases, such as epilepsy, chorea, nervous prostration and insanity, are more often reflex than organic is now believed by the

more progressive pathologists. The recognition of this fact makes necessary the careful observation of children, that possible causes of reflex diseases may be remedied before the nerve centres become habituated to abnormal action by continued irritation.

Dr. Ranney concludes, as a result of his experience, that "at least 90 per cent of chronic epileptics have been better without bromides, after a satisfactory correction of their eye defects, than they ever were when subjected to the influence of drugs." If such remarkable results have been obtained with chronic epileptics, the conclusion that in many instances the disease would have never originated, had the eye strain been relieved by correction in childhood, is certainly admissible.

The recognition of the fact that so-called organic diseases are often not organic but functional reflexes, resulting from abnormal nerve impulses that have their origin in irritated nerve centres, makes the subject an important one for students of child psychology. So long as the irritation continues the centres can send out only erratic impulses which are followed by functional disorder. Naturally the child cannot do his school work. The nerve energy that the brain requires for normal activity is exhausted in attempts to meet unnatural calls made upon it by such organs as are the immediate recipients of these disordered impulses.

It is rarely the case that central derangement, which manifests itself in functional disease, is fundamental. It is the result of continued peripheral irritation and can be checked or cured by the removal of the exciting cause.

Dr. Ranney goes even farther and maintains that "many diseases, which are today commonly regarded as of bacterial origin, owe their development to some underlying causes that impaired the nervous functions, and thus rendered the patient particularly susceptible to deleterious atmospheric influences." (Ranney, Eye Strain in Health and diseases, p. 18.)

Teachers should understand that unwillingness to study and a decided preference for mischievousness do not necessarily mean that the child is the incarnation of original sin or that he is possessed of the devil. The devil may be cast out by correcting the child's hyperopia. Children, who can focus their eyes for near objects only by a constant and severe effort, cannot be expected to enjoy studying.

During adolescence the demand for nerve force is great. Bodily changes are rapid and, with the best conditions, nerve centres are under heavy strain to supply the needed energy. When work is improperly done it uses up a great deal of energy wastefully. Irritated centres send out abnormal impulses which result in deranged functional activity of the organs. The organs strive to do their work as it should be done and in their blind effort to preserve the integrity of their activity they call for more nerve energy, but the centres, because of their derangement, are able to give them only erratic impulses.

A badly led army needs a great many more men than one commanded by a military genius. Even with overwhelming numbers it meets the enemy only to be defeated, and an urgent call is sent in for more men. But numbers will not atone for deficient leadership. In fact, their excess only adds to the confusion and demoralization. It is the same with the functional activity of organs. Deranged centres can send out only deranged impulses and these, in turn, can give only a deranged product, and, however persistent the call for more energy, it serves only to increase the functional disorder.

THE HYPODERMIC TREATMENT OF PULMONARY TUBERCULOSIS, WITH CLINICAL REPORTS, by Dr. Charles Wilson Ingraham, Binghamton, N. Y.

In an article recently published in the Journal of the American Medical Association, Dr. Lawrence Flick of Philadelphia, makes the statement that the nearest approach to a specific remedy for the cure of pulmonary tuberculosis is iodine, while second to iodine is beechwood creosote. Dr. Flick also believes that iodine would in many cases prove a positive specific for phthisis if it were not for the difficulties met with in its administration.

I refer to Dr. Flick's article not because of anything particularly original in his assertions, to which I fully subscribe, but because he has emphasized a fact which if more generally heeded by the profession at large would accomplish much for this exceedingly large class of invalids.

As further proof of the value of iodine as an anti-tubercle, nearly all standard text books on therapeutics agree that it is a very powerful curative agent in pulmonary tuberculosis. Many physicians think to get the anti-tubercular virtues of iodine by administering it in the form of iodide of potassium. This is certainly a mistake, for however valuable iodide of potassium may be as a medium for securing the therapeutic effect of iodide in the treatment of other diseases, it is certainly contra-indicated in most cases of pulmonary phthisis.

Most consumptive invalids cannot take iodide of potassium because of its irritating action upon the digestive organs, while in those who are able to take it benefits seldom occur, and in many instances harm is done. I do, however, believe that in pre-tubercular conditions, and also in sub-acute and chronic bronchial affections, iodide of potassium in small doses well diluted with water, is a very valuable and generally applicable remedial agent. In purely bronchial affections yerba santa and grindelia robusta may be advantageously administered in connection with iodide of potassium. Quebracho is a third remedy of vegetable origin which may be classed with the two former. These remedies should be prescribed in the form of elixirs, as it is difficult to administer them in the form of fluid extracts.

In his work on therapeutics, Shoemaker states that iodine, following its assimilation, acts as an alterant and in syphilitic disease counteracts the virus generated by the disease and promotes the absorption and removal of the disease products from the body, and that in this manner though to a less marked degree, iodine acts upon the tissues affected by tuberculosis, removing effete material and rendering the tissues less favorable to the development of bacilli.

In reference to iodine, Hare believes it to be a powerful stimulant to the nutritive processes of the body. Personally I have seen much of this action which iodine exercises over general nutrition, especially in tuberculosis. The statement of Shoemaker, that iodine counteracts and facilitates the removal of toxic products of tubercular disease and renders the tissues less favorable to the development of bacilli, has also been abundantly illustrated and proved in my personal experience. These several effects are, in reality, the foundation of the value of iodine in tubercular diseases of the lungs.

But in order to secure the anti-tubercular effects of iodine with any degree of certainty, it must be administered by hypodermic injection. The injections must be given systematically each day for such length of time as may be necessary. In the majority of cases I have

found that in the first stages of tuberculosis of the lungs a course of iodine treatment must extend over a period of at least four months, while the more advanced the disease the longer the treatment required. In some cases, after having brought the disease under control I have at the end of three months allowed an interval of from four to six weeks in the course of treatment.

Hypodermic medication has one great advantage, in that the physician is certain the medication is taken regularly. One of the great difficulties in the treatment of pulmonary invalids, is their habitual carelessness in taking medication regularly, and again in many cases, stomach affections prevent the taking of medicines with any degree of regularity.

Bromine-iodine compound, is I believe, the most perfect and generally applicable remedy for the hypodermic treatment of tuberculosis. It gives the maximum therapeutic and anti-tubercular effect of iodine. These assertions are based upon an experience of six years during which time I have treated nearly one hundred cases of tuberculosis with bromine-iodine comp., and have secured an average of results which most convincingly prove its potency in the relief and permanent cure of tubercular diseases. The essential feature of bromine-iodine comp. as a medium for administering iodine hypodermically are:

First: Its hypodermic injection is practically painless, and being perfectly aseptic, it never causes irritation at the site of injections. This is an important factor, for in tubercular cases, in which the injections must be continued regularly for several months it is necessary that the injections be practically non-irritating and painless.

Second: Bromine-iodine comp., in addition to iodine, contains bromine, phosphorus, thymol and menthol, in approximately the following proportions, in complete and permanent chemical union:

Iodine, gr. 1; bromine, gr. 1-14; phosphorus, gr. 1-100; thymol, gr. 2-3; menthal gr. 2-3; sterilized oil, one fluid dram. As has been stated these several ingredients are not prepared in common mixture, but are chemically combined to form a definite chemical product. For the benefit of those desiring supplies, I would state that the formula is manufactured and sold by the Bromine-Iodine Chemical Company, of Binghamton, N. Y.

The action of bromine is, like iodine, that of an alterative and re-constructive. I believe the most valuable adjuncts to iodine, contained in the formula of bromine iodine comp. are menthol and thymol, each of which is a powerful germicidal agent and contributes much to the anti-tubercular action of bromine-iodine compound. Menthol and thymol are both nearly as powerful germicidial agents as carbolic acid, while they possess the advantage of being ten times less poisonous.

Certainly, bromine-iodine compound administered systematically in connection with thorough nutritive treatment and appropriate general management, quickly brings pulmonary tuberculosis under control and eventually effects recovery, providing of course, that the disease is not so far advanced as to preclude the possibility of recovery. It is in the first stages of pulmonary tuberculosis that its most effective action is seen, and at this stage in many cases it very nearly fulfills the requirements of a specific. In nearly all cases will be noted the prompt relief of symptoms, especially fever and night sweats, while

cough and expectoration are influenced as their causes are removed.

Aside from nutritive remedies, chlorinated creosote is the only medication which I administer generally in all cases treated with bromine-iodine compound. "Chlorinated creosote," like bromine-iodine compound, is a definite chemical product, being a chemical compound of pure chlorine with beech-wood creosote. As a result of the chemical reaction which occurs between chlorine and creosote during the process of manufacturing chlorinated creosote, the creosote is totally deprived of its oily character and reduced to state which admits of perfect aqueous solubility without the aid of any other agent. In this state it is easily assimilated, and very rarely gives rise to any gastric disturbances. The chlorine gives to the compound a distinct expectorant action, and while chlorinated creosote is generally useful as a means of administering creosote, it is of peculiar value in tubercular diseases of the throat and lungs. The chlorinated creosote has a further individuality in that it is the only non-alcoholic aqueous solution of creosote, and further, unlike most alcoholic solutions, it may be diluted with water to any extent without changing its character, and without precipitation of the creosote.

The following clinical reports will illustrate the treatment which I have advocated:

Case 1. Patient, a young man about thirty years of age came under my care in Nov., 1894. Symptoms:—Persistent cough, which despite careful general and local treatment continued to increase in severity, attended with loss in weight and strength. Expectoration though limited was very purulent in character. Microscopical examination of the sputum showed tubercle bacilli in considerable numbers. Physical examination showed partial consolidation of the right apex.

I began treating him with bromine-iodine comp. injections Nov. 8th, 1894. At the end of one month treatment there was marked improvement. Cough much less. Expectoration less purulent, and diminished in amount. Pleuritic pains which had been severe and persistent were wholly relieved and did not recur. Fever had disappeared, and there was a gain of six pounds in weight. The daily hypodermic injections of bromine-iodine compound were continued for a period of three months. Examination of sputum made Jan. 19, 1895, showed total absence of tubercle bacilli. Sputum was condensed and carefully re-examined, but no tubercle bacilli were found. There had been a total gain of ten pounds in weight, and all symptoms of pulmonary disease had disappeared. Physical examination of the chest showed that the consolidated area had cleared up, and ths functions of the right apex restored. Nearly four years have elapsed since the patient was discharged. I recently communicated with him, and was informed that he had since been in excellent general health. This case illustrates the advantage of treating tubercular disease of the lungs in the first stages.

Case 2. A lady about 45 years of age came under my care in September, 1894. She presented all the symptoms of progressive pulmonary tuberculosis, her cough being exceptionally severe. History of the case showed that the disease was of several years standing. She had consulted many eminent physicians, among whom was the late Dr. Alfred L. Loomis, of New York City, who confirmed the diagnosis of pulmonary tuberculosis, and recommended a residence in a western climate. Being unable to make the change in climate, she

later on came under my care. Microscopical examination of the sputum had been made, showing tubercle bacilli in considerable numbers. I began the bromine-iodine compound injections in September, 1894, together with thorough nutritive treatment and careful general management. At the end of four months, treatment was temporarily discontinued except the use of nutritive remedies. A portion of this time, patient had been confined to her bed. The disease being of several years standing was not quickly controlled. Improvement though slow, was certain, and there was a gradual diminution of active symptoms, with gain in weight and strength. The injections were continued at intervals for a period of one year, when treatment was permanently discontinued. Patient had regained her normal weight, a gain of fifteen pounds, and was in good general health. It is now three years since treatment was discontinued. She is in excellent general health, and her recovery is apparently complete and permanent.

Case 3. A young lady about twenty years of age came under my care in October, 1898. History of case showed that she had suffered from a severe cough during the past year, and that it had steadily increased in severity, attended with loss in strength and weight. Tuberculosis was hereditary, her father having died of the disease some years ago. Physical examination showed that a cavity had formed just below the left apex. Over the right lung the respiratory sounds were greatly intensified, showing that the right lung was doing at least one fourth more than its normal work. Pulse 120. Respirations rapid. Fever from 102 degrees to 103 degrees in the afternoon. Patient very nervous. Had suffered severly from night-sweats which occured almost nightly during the past 5 months, and lately had been exceptionally severe despite the use of remedies designed to control them. The case was advanced and showed indications of acute tuberculosis, and the prognosis I held out was very unfavorable.

Bromine-iodine compound injections were begun October 21, 1898. I advised physical quiet and thorough nutritive treatment. In addition to the bromine-iodine compound injections I administered chlorinated creosote in doses beginning with one dram four times daily, just before each meal and at bedtime, and gradually increased to four drams four times daily. As each dram represents one minim of beechwood creosote, the maximum daily dose of creosote represents 16 minims. I also recommended inhalations of peppermint together with chest exercises.

At present, about two months since treatment was begun, there has been a marked improvement. She has gained ten pounds in weight, while cough and expectoration have been greatly reduced. Night-sweats have wholly ceased and she is free from fever the greater part of the time. Her appetite is and has been excellent, and she has no stomach or intestinal difficulties. The amount of expectoration has been reduced three-fourths and in character is much less purulent. While it is yet too early to predict a positive recovery the disease may be said to be under safe control. The improvement thus far illustrates the combined action of iodine and creosote systematically administered in connection with thorough nutritive treatment and careful management.

This interesting monograph is reprinted from the Toledo Medical and Surgical Reporter. The bromine iodine treatment of tuberculosis is meeting with much success in the hands of physicians.—[Ed.

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ORIGINAL ARTICLES.

PREPARING FOR OLD AGE.

By Joseph Adolphus, M. D., South Atlanta, Ga.

The term "old age" has no definite meaning. In different countries men live to various ages, as regards being said to be "old."

The Bible says the allotted age of man is three score years and ten. This is old age in an extended sense. After a man passes this age he is said to be living on "borrowed time."

The average age of man in the civilized state is more varied as to duration than is usually supposed, save by those who are accustomed to study the subject. I believe the average of men in our times, in the United States and many countries in Europe, is several years longer than it was a century ago. More men and women in our day reach seventy years than did seventy years ago.

The cause of this is doubtless owing to better acquaintance with the laws of hygiene and a more extended knowledge of the means that prevent sickness. We are becoming better conversant with the value of pure air and sunlight, hygienic surroundings and the immeasurable importance of pure, clean water for drinking and cooking purposes.

The general public is every day more and more becoming conversant with the dangers to health there are in dirt and filth. Every village and city in the United States, England, Germany and France, give special care to the removal of garbage, filth and other like nuisances from the streets and highways. The houses are closely watched to prevent accumulation of filth of all kinds.

Filth causes disease in various ways. Some kinds of filth poison the air we breathe and the water we drink. Some poison our bodies by developing poisonous germs that enter the organism and poison the tissues by increasing and multiplying in the fluids and solids of our bodies. The germs produce toxines that kill the life-force of the tissues; a sting that poisons the cell-life, destroying the power of the protoplasm of the cells.

We are learning abundance about food, the varieties of it, and the different degrees of digestibility of the va-

rious kinds. Some foods make muscles, some make fat, some make bone We are learning the value of the classification of food into animal and vegetable. Our knowledge of this two kinds of foods is leading us to a more accurate knowledge of the laws of dietetics and to the proper means of preventing disease, and of curing our sick bodies by proper diets in various kinds of diseases. Our more extended knowledge of foods is aiding us in selecting and preparing foods for the periods of infancy, childhood, adolescence and old age. We are farther learning to adjust food to work, mental and physical. We are also learning that those who labor hard with their muscles require somewhat different food to those who labor mostly with their brain.

We discuss the measures how to prolong life and favor our continuance in existence to three score years and ten and more. It is a sad fact that one-third of the children born in these days of progressing civilization and increasing knowledge, die before they arrive at two years. I believe the largest number of adult persons die between the ages of 35 and 45. This may not be absolutely correct in all respects, however, so far as I have observed, this appears to be approximately true. Another fact I have observed is, the well-to-do class live longer than the poor class; yet, I believe more persons of the latter class reach 80 years.

After persons have passed 60 years there are better chances to them to reach 70 years. After persons reach 60 years there are good chances to reach 75, if the circumstances attending life are good.

The comforts of life count for much. These are good food, clothing adapted to season of the year, good shelter, bed, and moral surroundings.

I have believed long life runs in families. This seems true inasmuch as I have noticed that many families are short lived, but the women are more likely to live longer than the men. There are more widows than widowers. Other families are naturally long lived and the women live to 75 years, the men to 70; many women reach 85 years.

I have noticed that nearly all old people have been early risers and have been accustomed to be in the open air much of their lives, during working hours. This is but a part of the causes that lead to old age.

Nearly all old people have been good feeders, but never gormandizers. Nearly all old people are careful about their food; seldom have I seen old persons large eaters of animal food; many eat largely of vegetable food and are careful as to eating the food that agrees best with them. Some eat heartily of fats, and many have been great bread and butter eaters. I am one of this kind; in fact, I eat twice as much bread as of any other food.

I know a man now 86 years old who lives mostly on bread and buttermilk; never eats later than two hours before going to bed, has pretty good control over his temper, is never enthusiastic, takes a sober view of the matters of life, never has allowed himself to hold a grudge nor harbor ill-feelings any length of time against any person. I have never known a person of high temper and strong resentments to be old in years. An even temper conspires very much to cause long life. Worry over affairs of life causes ill health and shortens life. Some of the strongest and most vigorous persons I have known have died before reaching 60 years.

Many persons who have lived to 70 years or over have been of delicate constitution, yet, in a measure, tough and capable of endurance; but others have been more feeble in health and obliged to take care to avoid getting sick. I have known many such person to miss several meals when they

are feeling "out of sorts," to starve off sickness, and live sparingly during these times on light food, drink abundance of water, keep the kidneys permeable and take plenty of rest in bed and be much in the open air.

I have seldom known persons addicted to alcoholic and fermented beverages to live to 60 years. Nearly all my old acquaintances have been very sparing drinkers of alcoholic and fermented liquors; only very seldom have any indulged, and many never. I have known several persons of splendid intellects to be total abstainers. I think those who take occasional sprees are short lived, but an occasional one may live till 70 years. I have known many very bright intellects to burn out and die early, whom I believed would have lived into old age had they not been addicted to an occasional social good time.

I have known many men of splendid education and fine learning, industrious students all their lives, to live till 75 years, but these men had acquired by instinct the art of conserving their health at the time of feeling ill, or when their digestive powers were enfeebled by hard work and severe study.

Too much sleep is not conducive to reaching old age. Infancy and youth require abundance of sleep; after maturity the tendency of the body is to promote the accumulation and flourishing of low germ life, which tend to poison the protoplasm of life with their toxines. There is but one antidote to this dangerous condition. This antidote is exercise. Exercise provokes oxygenation of the blood and tissues whereby the germs and their toxines are burnt up and cast out of the body. Exercise also destroys ptomaines by the way of oxidation and gets rid of them through the emunctories. Exercise also increases the energy of protoplasm to absorb and assimilate oxygen, in virtue of which the tissues are enabled to renew themselves.

Denizens of rural districts are longer lived than those in cities. This is true on account of the physical and moral surroundings of the former, and were the environments of the former made as salubrious as those of the latter, the difference in length of life would be more striking. In the rural districts are abundance of fresh air, good water, much exercise out of doors in farming occupations, good plain food, few causes that disturb peace of mind and the equanimity of the moral feelings; early to bed and early to rise, good digestion and comfortable clothing. The struggle to obtain a living in cities is immense and tends greatly to shorten life. In the rural districts the struggles to this end are also not as severe and persistent; at the same time there are fewer antagonisms to the continuance of life, hence people live longer in the rural districts than in cities. I believe the best literary and scientific work are done in the rural districts. The most profound thinking comes from brains born and reared in rural homes. I know that the most practical and successful physicians are denizens of the rural districts, and the country born and reared legislators make the most useful and practical laws that promote the well being and prosperity of the people. Trusts and schemes for dishonest accumulations of massive wealth prosper and flourish in the cities, but all these tend to increase men's burdens, embitter and shorten life.

The people who live the longest lives have been, not hard and laborious workers, but persons whose occupations have been moderate yet almost continuous. In recent years many deaths occur from diabetes melletus and Bright's disease of the kidneys. Both are diseases of nutrition, but great brain work is not their primary cause.

CONGENITAL PHIMOSIS.

By A. B. Middleton, B. S., M. D., Pontiac, Ill.

Some few months ago a tall, healthy looking farm boy, twenty-four years of age, walked into my office. His actions caused me to notice at a glance that he was wearing a shy and bashful look upon his face. He had a trembling voice and it seemed very hard for him to frame sentences without getting the words badly mixed. I thought, of course, that the young man was suffering from gonorrhoea and ashamed to acknowledge it, but I learned by my conversation that he had been of a bashful nature all his life, that the opposite sex made him feel very uncomfortable and that a desire for women was the last thing that ever entered his mind.

After having won his confidence sufficiently to learn the above facts, he was invited to take the table so that the real cause of his trouble might be determined, as he had incidentally dropped a few words during our conversation which led me to believe he had some trouble with or near his penis. A thorough examination revealed the following conditions: Well developed testicles, a small, short penis, but a long prepuce, the opening in which would not much more than admit an ordinary pocket case probe. The prepuce was found adhered to the posterior half of the glans penis.

It was not till now that I learned the cause of this young man's coming to me. When asked why this had not been attended to years ago, he replied: "I have been looking after this for about ten years and old Dr. —— has stretched the hole every few months during that time, and now that he is dead I thought I would get you to do it for me." When asked why the doctor had not operated upon him, he looked at me like a mad man and said: "Dr. ——said I was a freak in nature and that the skin had grown fast to my penis, and that I would have to spend my life in this condition, as there was no cure for me, and that I should never marry as I could not perform family duties. The thought of this caused me to lose what little ambition I ever did have."

When informed that he could be operated upon and have as good a penis as any man need be proud of, a new light seemed to have come over him and he fairly shook with joy. Owing to the small opening in the prepuce, at times it would take one hour to pass his water. It was this slow means of passing his urine that prompted him to have the opening dilated. This patient's doctor, who is now dead, never was inside of a medical college nor ever read a medical journal, simply stayed in a small country town, performing what he called the practice of medicine with his own preparations made from roots and herbs. The boy was directed to wait with patience until the following day, when he was to return and have the operation performed.

After the usual preparation the part was anesthetized by cocaine, which was injected in three places, allowing the injected solution some five or ten minutes within which to be absorbed. An ordinary rubber catheter was tied at the base of the penis to prevent bleeding, as well as to prevent the blood from carrying the cocaine from the seat of operation. By means of a scalpel the prepuce was marked over the margin of the glans penis and then drawn through a clamp until the mark made by the scalpel was parallel with the upper surface of the clamp. By means of curved scissors this distal portion of the prepuce was removed and the remainder allowed to retract, thus leaving the adherent mucous membrane upon the glans penis. After dividing the mucous membrane, an effort was made to dissect the mem-

brane from the glans, which could not be done. Not knowing what to do, a trial was made to remove the membrane by pulling, which was a success, the two separating nicely, hardly leaving the usual raw looking surface. The skin and membrane were then trimmed and sutured together with a continuous suture, the catheter was removed and but little bleeding resulted. The part was then dressed in a moist sublimate dressing and the patient ordered to return the following day. This was a painless operation, according to the patient's word, which I think is true, because there was not a single groan or flinch.

Upon his return the following day everything looked favorable except a large blister, which covered the whole gland. This blister was filled with a semi-solid substance which looked very much like warm gelatin; it was left undisturbed and within one week was absorbed. After the blister sack had been removed there was as clean and nice a looking membrane as was ever seen upon a penis. There was neither pain nor suppuration during this whole period.

Ten days after the operation I saw the patient for the last time until today. At that time it could hardly be noticed that circumcision had ever been made. Today he returned and I did not know him; his bright eyes, which at one time were dull, his rosy cheeks, which were pale, make a different looking man entirely. He reports himself not only able to enjoy sexual intercourse and company with the girls but able to contract and suffer from a dose of gonorrhoea, which he now desires to have treated.

Arsenious acid appears to be a preventive of yellow fever according to reports from Brazil. Daily prophylactic doses in hundreds of cases apparently gave the desired results.

GLAUCOMA.

(Eighth Paper)

By J. A. Pratt, M. D. Aurora, Ill.

(Concluded.)

In the operative treatment of glaucoma, the best advice to the general practitioner is to leave it alone, yet one should certainly know how to perform the operations in case of necessity.

In acute cases, when the foregoing treatment is not beneficial in a few hours, at least a paracentesis of the cornea should be performed at once, and if the physician does not wish to perform an iridectomy, the patient should be taken where the operation could be done, if found necessary.

In performing paracentesis strict care should be taken that there will be no infection. Keeping in mind that the lens lies immediately back of the iris, and that the point of the knife should point slightly forward rather than back, the operation is very simple.

The operation of iridectomy is so admirably described in many books it is needless for me to add confusion. Posterior sclerotomy is performed by many operators before doing an iridectomy, thus relieving the great tension and possibly avoiding internal hemorrhage. Posterior sclerotomy is frequently performed and has been known to cure many cases of glaucoma, but the results are not as sure as in iridectomy.

When the sight of a glaucomic eye is entirely lost, and the patient complains of pain, if the pain cannot be relieved by the simple methods, the eye should be enucleated. The eye will generally have to be enucleated if the tension is not reduced.

In reference to how iridectomy acts in the cure of glaucoma, Koenigstein claimed that it reduced the capillary circulation and secretive surface;

brought the anterior and vitreous chambers in closer relation; produced a direct connection between the iritic arteries and veins, thus lowering blood pressure, while the traction on the iris and its excision reopened the angle.

Priestly Smith writes: "In the first place, the escape of the aqueous humor and simultaneous advance of the lens immediately reduces the pressure in both chambers. The obstructed circulation in the uveal tract is relieved by the removal of the pressure, and in many it is further relieved by a free escape of the blood from the divided vessels of the iris. Fluid drains away through the wound for some hours, and the over-filled vitreous chamber is depleted. The ciliary processes recede, and the pressure on the iris base is relieved, and as the anterior chamber reforms the filtration angle reopens. Iridectomy acts with greater certainty in acute congestive than in chronic non-congestive glaucoma, and it is effective chiefly in the earliest stages of the disease. The reason for this is clear. The pressure on the iris base is more likely to be removed when it is due to vascular congestion than when it depends upon more permanent causes, and the filtration angle is more likely to reopen when the closure is still recent than when it has lasted many days or week. In two eyes examined by Fuchs, which had been permanently cured of acute glaucoma by iridectomy, the filtration angle was patent throughout the whole circle."

The beneficial result of iridectomy in acute over chronic glaucoma is undoubtedly due to the fact that the iris is not adherent to the cornea.

Iridectomy is unsuccessful: when glaucoma malignum is present: when there is internal hemorrhage: when the iris is not removed to its base, leaving the filtration angle closed, and when there is no opening between the vitreous and aqueous chambers.

ON ECONOMY.

By Henry Stein, M. D., Altamont, Ill.

The recent "hard times" have forced on nearly all of us the necessity of economy. Before this we had all been more or less extravagant and wasteful.

Kitchen economy, of course, is very important. They say a woman can throw more out of the back door with a teaspoon than many a man can bring in with a scoop shovel. There is much truth in this, but we do not wish to discuss it here.

I desire to call attention to one or two points of economy at the office and to using some things which now are wasted. Every manufacturer must watch his "by products."

Circulars and the envelopes they come in may be looked upon as "by products" and use can be found for them. I use the circulars which are printed on one side only for "scratch paper," or tear them up into powder papers. Those which are printed on both sides and catalogues will do for wrapping paper and kindling. The envelopes in which circulars, circular letters, etc., come, I use for my drug envelopes. They are suitable for pills, capsules, tablets, or medicine put up in powder papers. The blank space on the front of the envelope I use to write directions to patients. Of course my name is already on the envelope, and so there I get some legitimate advertising.

The cartons in which small bottles of pills, etc., come, I use for pill or powder boxes. I write directions on my own label and paste this on the carton. The bottles in which pills, tablets, fluids, etc., come can be cleaned and used as prescription vials. Many things come in the small tin cans, or tin boxes, or small, wide mouthed bottles. These are suitable for ointments,

Out of each of my old hard rubber

thermometer cases I make two menthol inhalers suitable for use in mouth and nostrils. I get twenty-five cents each for them.

Common mucilage and blank paper could be used to make labels, but it would be penny wise and pound foolish. Printed labels are cheap and nothing advertises us better, as they are where the patient and his friends see them often. Perhaps they also make our patrons think of the bill they should have paid us long ago.

We can save by confining ourselves as much as possible to staple drugs, and by making our own combinations and pharmaceuticals.

Every physician burns up more or less alcohol in alcohol lamps, alcohol stoves, alcohol baths. Has it ever occurred to you that wood alcohol burns just as well as ordinary alcohol and that it is more than 50 per cent. cheaper?

I use it also in making liniments. For instance:

℞ Camphor (gum), ʒ ii
Tr. Belladon., ʒ ii
Chloroform, ʒ iii
Wood alcohol, ʒ ii
Liquid petrolati, q. s., ad, ℥ iv
M. ft. liniment.
S. Liniment for local use only. Rub part gently before applying.

I use it in my hot air baths also. If anyone is sufficiently interested I will tell how I made a hot air bath cabinet as good as a ten or twelve dollar one for less than three.

OBSERVATIONS ON REFRACTION.

By J. P. Thorne, M. D., Janesville, Wisconsin.

Attending Physician to the Palmer Memorial Hospital.

Attention has been drawn for some time to the inevitable conflict of the oculist and optician by the discussions in medical and optical journals. The oculists have proven their case pretty well by arguments while the opticians' articles have been marked more by vindictive than argument. The optician compares fitting glasses to fitting clothes and seems to consider one is about as important as the other.

Further attention to this subject has been called by the following unanimous resolution, passed at the last meeting of the American Medical Association, at Columbus, Ohio:

"The treatment of errors of refraction in the eyes requires a knowledge of pathology and therapeutics:

"That the application of lenses in such cases is a part of the practice of medicine, to be undertaken by no one not qualified to practice medicine and surgery."

The oculist has the advantage of familiarity with opthalmoscopic examination and diagnosis, knowledge of the structure and diseases of the eye and the relation of the eye to the general condition. This enables him to do much more accurate work.

Dr. Dudley S. Reynolds, in the Louisville Journal of Medicine and Surgery, makes the following observations which are to the point:

The function of accommodation is an involuntary function, and serves as an effectual mask for many of the most complicated cases. To determine the nature of these complications, and to make out definitely the exact state of refraction, with the accompanying conditions of the intra-ocular structures, requires an intimate knowledge of the structures and functions of the entire eye, and the relations of the eye in its abnormal condition to the general system. All these are matters requiring the highest order of skill and pains.

It is a mattter of daily observation that persons are seriously, and sometimes permanently, injured by attempting to use improperly devised and ill-adjusted lenses.

(To be continued.)

THE TREATMENT OF ALOPECIA, WITH CLINICAL REPORTS.

By Robert C. Kenner, A. M., M. D., Louisville, Ky.

There are few disfigurements that are more dreaded than baldness. The loss of hair diminishes one's personal appearance and carries with it the supposition of age. The treatment, therefore, which promises to restore the hair is always hailed with delight by many persons who are the unfortunate victims of alopecia. It would indeed require a catalogue of considerable proportions to record the names of all the preparations which have been offered as sure remedies for the restoration of the hair. The claims made by those who sell these products to the public have not always been what they should have been, and there is no doubt that most of the so called "hair renewers" are valueless. Some of them may possess some value if given along with proper internal medicine, but do little good when employed alone.

In the treatment of alopecia there are two indications to be fulfilled in order to attain success.

The first indication consists in applications directly to the scalp which are germicidal, and at the same time exert a curative action on the diseased follicles. Also, the remedy selected should be one which will clear up any existing seborrhoea which may coexist. The application made to the scalp must be studiously looked after. Some applications do a great deal of harm, and those agents which vesicate the scalp are capable of doing a great deal of harm. Remedies of this class are commonly employed, but I often find the alopecia and the seborrhoea due as much to their application as to the presence and activity of the microbe which is responsible for the baldness.

The second indication for treatment consists in the administration of such internal remedies as will favor dilatation of the arterioles of the scalp, and in this way favor the disposition of the new matter. Remedies which act in this way also may be regarded as indispensible, and the reason why failure is the result of certain local applications that are perfectly rational, is because correct internal treatment is not conjoined.

In carrying out the first indication, that of local application to the scalp, we will find that nothing affords us such good results as Dr. McNeal's hair tonic. This is a scientific preparation which not only destroys the microbe upon which the alopecia is dependent, but it stimulates the scalp and cures any coexisting seborrhoea. The remedy is in no sense a patent medicine, but is a scientific production, made by a reputable physician. This is applied locally in all cases, and I regard it as the best agent of its class at the disposal of the profession.

The internal remedy must go hand in hand with the application of local treatment. My experience is that we cannot secure good results when this is omitted. Dr. McNeal's hair drops afford us the remedy which best meets the indications here. These drops are a general tonic. They diminish arterial tension, and the growth of the hair and finger nails are at once stimulated, and this is maintained by the regular employment of this agent.

These two remedies, used correctly, have produced better results than other methods which I have tried. In fact, this treatment can be said to be the only rational means at the disposal of the profession, and the results will be all that can be desired when our patients follow directions to the letter.

Below I give the clinical history of several cases which have been treated on the lines laid down here. These clinical histories however represent only a few of many cases treated by the method.

Mr Amos M., age 27, had had a protracted attack of typhoid fever one year before coming to the office. His hair had fallen out and had come out in a scant and scattered fashion. He had a bald spot twice as large as a silver dollar on the top of his head. The hair had never grown in this spot since it had fallen out. He was put on Dr. McNeal's hair tonic to be used locally, and he took Dr. McNeal's hair drops internally. This patient began to improve at once, and in ten days a crop of young hair was plainly discernable, and in six weeks longer his hair had grown out well and the bald spot was covered with a new suit of healthy hair.

Mr. Daniel S. C., age 32. This man had been losing his hair steadily for a year and now had several bald spots which had remained uncovered for some months. This man's alopecia had its beginning in a severe attack of pneumonia, from which he had suffered. He was at once put on Dr. McNeal's hair tonic, applied locally, and Dr. McNeal's hair drops were taken internally. This patient began to show improvement in about two weeks and there was no retrogression. He had at the end of two months a complete return of hair. I may add that this patient never failed to use the medicine according to directions.

Miss Ida L., age 20, had alopecia which followed illness. She had now gone two years, and several bald spots remained on her head and her hair was very thin and lifeless. She was put on the two remedies, as in the above case, and the result in this case was most happy indeed. Six weeks found her with a luxuriant growth of hair beginning, and her head was soon crowned with woman's glory.

Mr. B. M., age 37. This man, a bachelor, was most anxious to have the bald spot cured on his head. It was not traceable to illness, but had come on slowly, very possibly from interference with the circulation in the scalp, plus the activity of the microbe. On the Dr. McNeal's hair tonic applied locally, and Dr. McNeal's hair drops, this man got along well and regained his hair. He used the treatment altogether about two months.

Mr. G. C. B., age 21, had alopecia. He had several spots about the size of a silver half dollar which had been present for several months and resisted several of the patent remedies which are offered for that purpose. On the McNeal remedies he got along speedily, recovering in four weeks from the beginning of the treatment.

The twenty-fifth annual meeting of Mississippi Valley Medical Association will be held in Chicago, Ill., October 3, 4, 5, 6, 1899.

In view of the fact that this is the first meeting of an association of national importance held in Chicago for a number of years, the profession of that city, under the leadership of Dr. Harold N. Moyer, chairman of the committee of arrangements, has provided many attractions for the visiting doctors. Among them may be mentioned an attractive program in both medical and surgical sections, and special clinics in all the departments of medicine and surgery, to be given at the various hospitals and colleges, before and after the meeting of the Association. The occurrence of the Autumn Festival at this time is an added attraction. The President of the United States and his cabinet, Admiral Dewey, the Premier of Canada, and President Diaz, of Mexico, have signified their intention of being present. The railroads have thus early promised a one-fare round-trip rate, with a liberal limit to tickets.

The committee of arrangements will issue an official program, to the number of 35,000, to be sent every doctor in the Mississippi Valley.

ALKALOIDAL THERAPEUTICS

This Department is conducted by A. L. Blesh, M. D., 709 W. Noble Ave., Guthrie, Oklahoma. Original articles, reports and notes on dosimetry are desired for this Department.

HYOSCINE.

By J. T. Fotheringham, A. M., M. D., of Toronto, Can.

(Continued.)

Cases even so divergent as these do not indicate the whole range of usefulness of the drug. Hare says that it is "certainly of great value in spermatorrhea and nocturnal emissions." Also that it acts mainly on the cerebrum (he might have said the cortical areas), and that "it is of value as a hypnotic only in a very limited class of cases, but in this class generally acts most favorably." These are cases of insomnia due to acute mania, delirium tremens, hysteria, or similar cause—one might say, perhaps, cases in whieh there is functional over-activity of the higher centers without undue depression of the vegetative centres; for experience in insane asylums has shown it to be injurious to melancholics, and in general paresis, chronic mania, epilepsy, and dementia it is no better than chloral, but is apt by constant use, at least in some cases, to increase excitement. Peterson (N. Y. Med. Jour., October 11th, 1890,) found it very efficacious in controlling the tremor of paralysis agitans.

Objections to the drug are, first, the uncertainty of its action, a peculiarity common to all drugs, the brunt of whose influence falls upon the nervous system. Idiosyncrasy may cause alarming cardiac, respiratory, or spinal depression. Like all drugs from the Atropaceæ, it dilates the pupil, dries up the throat, and if pushed may cause dizziness, delirium, and an erythema of the skin. Some authorities have insisted that it must be given by hypodermic injection, but the writer has seldom so used it, and has been amply satisfied with its action given by the mouth. It may cause croupy breathing, probably from laryngeal dryness, and, in spite of the benefit evident in the case of insomnia from cardirc disease detailed above, it is usually considered less safe than morphia in such cases. Hare says that "the applicability of the drug is very limited indeed, and untoward effects are common." Without pitting a limited experience ggainst Hare's dictum, it seems to the writer that that dictum is too strong, and that the drug is deserving of more frequent use, particularly in meningitis and conditions of cortical over-activity, so long as we bear in mind that its untoward effects are to be found chiefly in the three directions of the cerebration, the circulation, and the respiration.

This valuable report on hyoscine is the leading article in the July number of our excellent exchange, the Canadian Practitioner and Review, of Toronto. Hyoscine is a useful therapeutic agent, too little used and understood by the profession. Several references have been made to it in the pages of the Recorder, and we hope to have further reports from our readers. There are some cases in which hyoscine meets the indications in a way that no other drug does.

Caffeiein is often a useful remedy in the treatment of hay fever; 1-6 grain granules can be administered at frequent intervals with effect.

BERBERINE.

Berberine is an alkaloid, which has a field of usefulness not yet thoroughly understood. An interesting article in a foreign journal has been quoted from by several American journals and is of especial value to physicians interested in dosimetry. The writer, Typaldo Lascarato, says that berberine, in addition to its bitter tonic action, has the faculty of causing the elastic fibres of the spleen to contract, especially when that organ is enlarged, in a manner similar to that of ergotine on the muscular fibres of the uterus. This is not entirely free from danger, as, if it is not administered with caution, its action may be so severe as to rupture the swollen spleen and cause fatal hemorrhage. But berberine, by rapidly and abruptly contracting the parenchyma of the spleen, drives from it en masse the paludal parasites which swarm in it toward the general circulation, from which arises a fresh access of pyrexia. The administration of berberine has often been known to be followed by a brusque elevation of temperature. Many physicians have on this account considered berberine more harmful than useful. However, the author points out, this action of berberine in driving the parasites from the spleen, which is their place of election, into the general circulation is very favorable to the complete destruction and disappearance of the paludal miasm from the entire organism. The parasites expelled from the parenchyma of the spleen are spread through the general circulation at a very inopportune period of their evolution, when they engage in a deadly struggle with the phagocites of the blood to which they easily succumb. To aid this result, the Italian physicians, who have had considerable experience with this remedy, advise its use always simultaneously with quinine, which attacks them more readily in the blood when driven out by the berberine from the spleen. In all cases of swollen spleen, therefore, save those of too old standing or the ultimate result of advanced hypertrophy or degeneration of the organ, berberine is highly commended by the author. It is given in a daily quantity of from a grain and a half to fifteen grains, according to the age of the patient, and always in combination with quinine. A favorite Italian prescription is as follows:

℞ Hydrochloride of berberine gr. xv.
Bisulphate of quinine, gr. viiss.
M.

To be divided into four powders and one taken every half hour, for an adult.

APOMORPHINE.

Considerable has been published in the Recorder regarding the value of apomorphine. Dr. H. B. Stanley, of Elgin, Oregon, regards it as an unfailing antidote for strychnine poisoning and the following from an article by him in the Medical Summary adds to the reports we have published concerning its use:

We have a remedy in apomorphine that has never failed in my hands, and I have had occasion to use it as an antidote in over a hundred cases. The best way to administer it is by hypodermic injection. If administered hypodermically, ¼ grain should be injected into the cellular tissue of a strong, healthy man; if given by the mouth at least ½ grain should be given and followed by copious draughts of water.

Even if cramping and convulsions have begun they will cease as soon as the remedy begins to act on the system. This remedy, if given hypodermically, will prove a sure antidote if given so as to act any time before the respiratory nervous center becomes paralyzed.

Every doctor should carry a small bottle of apomorphine tablets, from 1-10 to ½ grain, and always have them ready for an emergency. Several firms manufacture them, and they are put up in small bottles containing from 25 to 50, and for sale by almost every retail druggist at from 10 to 25 cents a bottle.

Two years ago I was called in haste to see a woman who had taken five grains of sulphate of strychnine with suicidal intent. She was pregnant; seven months gone. Violent convulsions had already set in when I arrived and I was almost sure she would abort before I could relieve her. It so happened that I had a solution of apomorphine with me, and as soon as I arrived; and without waiting to make any inquiries, I injected nearly ½ grain of the drug into her arm. She only had one more convulsion, and in 15 minutes all cramping had ceased. However, no man ever saw a sicker mortal on this mundane sphere. The entire contents of the stomach were evacuated and she became as limp as a rag. Twenty-four hours later no one would have ever known she had been poisoned or even sick. Two months later I delivered her of a healthy son. Mother and child are both alive and well to-day. I am sure the dependence on any other remedy would have cost two lives.

CALCIUM SULFID.

Dr. John F. Watson gives a use for this drug which probably will be new to many of our readers. He has used it with success in phthisis and its use in this disease is certainly rational. He gives the following case reports in the Medical World:

Case I: Mrs. T., age 26, white two-para, youngest child 6 months old. Was called in consultation October 27 1896. Found her very much emaciated. Temp. 102° F.; hectic flush; eyes brilliant and glassy; weight 91 lbs. Without further description, will say this was a typical case. Made no microscopic examination of sputa. Ausculation revealed the tinkling, cavernous sound at apex of left lung; diarrhea; very scanty urine. I put the patient on calcium sulfid, 1 grain, three times a day, together with iron tonics, and after bowels became costive, prescribed pill lapactic, S. & D. The lady began to recover almost from the first, and to-day weighs 140 lbs., and looks the picture of health.

Case II: Mrs. G., aet 29, white married 8 years, six-para. Was called to see her on july 7, 1897. Found her with severe hemorrhage and very much excited. I ordered vinegar in an apparatus for steaming, and had her inhale fumes. The hemorrhage was stopped at once. As it is not my purpose to give the symptoms of consumption, but the effects of calcium sulfid, I will desist from further remarks on the disease. Put patient on calcium sulfid, with iron, phosphoric acid and strychnin, which latter prescription did not agree with her; so I changed to syrup of hypophosphites comp. The lady's recovery has been remarkable to me, as I had no hopes whatever of her getting well. She weighs now 180 lbs. and looks well.

Case III: T. J. H., male, aet 30, white. Called April 10, 1899. I found this man apparently in the last stages of consumption. Had been confined to his bed for three weeks; no appetite. Put him on calcium sulfid, gr. 1, three times a day, together with quinin, iron and strychnin. Codein, ¼ gr., every three hours to relieve cough. Soda hypophosphite, 1 dram in tumbler of hot water in mornings to relieve constipation. The man is now riding horse back and is gaining weight. Of course this case is too recent to draw conclusions from.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

TUBERCULOSIS.

THOUGHTS ON P. 175, JULY NUMBER.

Dr. Flick's treatment is the best one-medicine treatment on phthisis of which I know as a result of experience. However, in my opinion, the method of medication should be changed. To give that peculiar iodine per mouth will disturb digestion in many cases. To administer it hypodermically, it cannot be given in sufficient quantities to be effective in many cases.

I found that peculiar mixed iodine can be administered through the electric current of a well constructed electric machine in a smoother and more common sense way to even the weakest patient in large quantities over the entire surface of the chest and back. Begin with one teaspoonful and gradually increase to two, or even three, once or twice a day as the case may demand. It depends a great deal on how and of what one creates the current. This treatment is assisted by gentle inhaling of Dr. Leininger's solidified formaldehyde carefully applied. F. A. BECKEL, M. D.

FOUR-FIFTY.

A VEST-BOOK FOR THE GENERAL PRACTITIONER.

(Continued.)

In treating pulmonary tuberculosis the calmative action of bromidia is sometimes worth while. It allays the tendency to superfluous cough, that is, cough not necessary to expectoration, the hyoscyamus which it contains making the efficiency. The vapor of water impregnated with it, may be inhaled, with the effect of a first-rate palliative.

For pericarditis papine is invaluable. It is indicated by pain and constitutional disturbances, and is to be employed sufficiently to relieve both the general and local symptoms.

In endocarditis, the praecardial pain which complicates the disturbed action of the heart, is relieved admirably by the use of papine.

In treating the valvular lesions of the heart, with or without enlargement, we are accustomed to enjoin quiet, and bromidia is very useful in the line of such a promotion.

During the paroxysms incident to functional disorder of the heart, we call for palliative measures, and in conjunction with the ethereal stimulants, bromidia often affords relief.

In angina pectoris, papine gives sure relief, if administered promptly, and sufficiently to relieve the pain. It is necessary to give a full teaspoonful as a dose, however.

In dysentery, after a free purgation, papine is reliable. (It may be well to give in an enema, very effectually) The physician will be his own judge as to whether to give the full dose every four, six or eight hours, or a small dose at frequent intervals. It not only controls the irritation and relieves the inflammation, but it puts the spincter ani in a state of contraction.

In enteritis, papine may well have the sole reliance after a brisk purgation.

For gastritis, the ordinary salts of opium are not readily borne, but papine rarely disagrees. It quiets the stomach and soothes the inflamed mucous surface almost as by charm.

In paroditis, where there is excess of pain, and an anodyne is indicated, papine is probably unexcelled. If suppuration should threaten, exhibit ecthol.

In dyspepsia, where there is much pain, papine relieves the suffering nicely, and does not antagonize any other measures. The use of papine with diastase has proven very agreeable.

The rational treatment of dipsomania has much to do with the opiates, but at best they have all proven disappointing. Papine, however, it is a pleasure to know, is an exception. Its use will carry out the therapeutical indication fully. Where the patient requires to be kept from restlessness, bromidia is indicated.

For the irritation and uneasiness of diarrhoea, papine is of use. Complete relief follows the exhibition.

In peritonitis the chief reliance may be on papine. An important object effected by it is the retardation of peristalsis. They also render the system more tolerant of the local affection, who use it freely. In a very short time there is relief of the abdominal pain. Nausea never ensues, as with the salts of morphia. In the after-treatment of the peritonitis of the lying-in, iodia is indicated for its alterative effect.

Hepatitis is treated on the general principles applied to all inflammations and papine is indicated in proportion to the amount of pain and constitutional disturbance. To avoid the dangers of abscess it is wise to give ecthol.

The treatment of jaundice is addressed to a subacute inflammation of the stomach and duodenum, and papine meets the demand. It alleviates the inflammation of the mucous membrane unfailingly.

In anaemia, iodia is prescriptive with iron, seeming to enhance the value of the ferruginous preparations.

In meningitis, bromide of potassium diminishes the quantity of blood within the cranium. Combined with papine the inflammation is also subdued and the pain relieved.

The administration of papine for neuralgia is attended with the best of effects. To secure temporary freedom from pain, without narcotic effect, papine is quite of the nature of a specific. Bromidia also, frequently affords palliation.

For chorea, Trousseau, some years ago, advocated opium; but the narcosis proved derogatory. But, combining papine and bromidia with small doses of strychnia, the happiest of results follow.

Epilepsy may disappoint in the measures of treatment, whatever they are but papine, alone, or with bromidia, is quite apt to be found useful.

In treating nephritis one of the indications is to diminish the intensity of the renal inflammation. Opium, as a rule, is inadmissible, as it tends to diminish the secretion of urine. Papine disclaims this fault and is to be recommended.

For albuminuria, to render the nervous system more tolerant of the uraemic poisoning, employ small doses of papine. The continued use of this remedy for this important purpose is to be considered worth while. To relieve pain and procure rest it is quite unapproachable.

For diabetes much may be said in favor of papine. It is a useful remedy in some cases, and actually seems to lessen the saccharine condition of the urine in a marked degree.

In typhoid fever vigilence is a symptom calling for attention. To procure sleep is desirable, not only for immediate comfort, but as a measure for averting ataxic symptoms. A full dose of papine with bromidia will often prove beneficial, as it aids to procure refreshing sleep in the stead of the pseudo-somnolence or coma-vigil.

In intermittent fever palliative measures are indicated during the paroxysms. A full dose of papine at the commencement of the cold stage seems to shorten its duration and modify its severity. It sometimes, indeed, acts

as an abortive measure, and may therefore be described as distinctively curative.

In treating yellow fever and the eruptive fevers, we are obliged to employ much reserve in the use of opiates, as danger from uraema is to be apprehended. No such considerations restrict papine, and therefore, where there is excessive vigilence, restlessness, and nervous irritability, it is to be depended upon.

For remittent fever, papine, given in pretty full doses early in the course of the disease, not only exerts the effect of a palliative, but apparently induces a more marked remission.

When in the course of treatment of diphtheria there is restless vigilence bromidia is to be employed. Ecthol is useful in this disease.

In rheumatism the relief of pain calls for the use of papine. It is there that its anodyne effects are most marked. There need be none of that reserve in treatment which the use of opium calls for. The relief is immediate, and the inflammation is also measurably subdued.

For the excruciating pain of renal and hepatic calculi, papine is dependable. Such cases should also take iodia, hepatic calculi being rendered much less tedious by its use. Renal calculi are not, of course, amenable to any alterative, but iodia seems to rally the renal functions.

For scrofula, iodia with iron is at once tonic and alterative. In local treatment resolution is promoted and suppuration controlled by freely applying ecthol. It prevents the pus-formation, and (if not used till after incision for suppuration) it promotes healing. With the external treatment ecthol should also be given internally, but not to the exclusion of the iron and iodia.

In treating gonorrhoea it is important that the patient maintain quiet, and for this purpose let him take bromidia. Meanwhile, to the use of the specific remedies for this disorder add the use of iodia, whlch exerts its alterative action quickly and proves more than an admirable adjuvant.

In what Prof. Gross calls "the broad, scientific, and philosophical" treatment of syphilis, iodide of potassium is the specific. But this remedy has its disagreeable effects. To counteract these, there should be combined with each dose a small quantity of papine. It actually reforms the iodide. But, although this combination will usually cure syphilis, there is an excellant substitute to be found in iodia. Perhaps nine-tenths of the practitioners will prefer the iodide—thanking modern science, however, for the papine—but let iodia be once employed in good-sized doses and it will prove an elegant substitute, efficient, unobjectionable and acceptable. Add to it ecthol, and the alterative action of the iodia will be enhanced. For the ulcers, fissures, eruptions, and papules, apply ecthol, and thus promote a healthier healing. If pain is severe, papine is serviceable.

After incising a boil or carbuncle, freely apply ecthol on a compress.

For ivy poisoning, insect and snake bites, burns and scalds, use ecthol.

Bromidia is a remedy of great value in seasickness. Two teaspoonfuls every four hours, the recumbent posture, and suitable nourishment, are as effective means as we possess for this troublesome disorder. It is most effective where there is much dizziness and little vomiting.

WILLARD H. MORSE, M. D.
Westfield, N. J.

The American Electro-Therapeutic Association is to be held on September 19, 20 and 21, in the city of Washington, under the Presidency of Dr. F. B. Bishop. Many electrical manufacturers will be represented.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor.

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PURE MILK.

Milk, which is a necessity in every family, is one of the greatest carriers of disease. Municipalities have given little attention to pure milk but are now beginning to closely inspect the milk supply. The medical profession is giving considerable attention to the subject and when they have secured pure milk for our cities, there will be much less sickness and less work for the physicians This is one line of work which physicians, with commendable zeal, are pushing and which will benefit the public and deprive the physicians of considerable practice. Physicians are the only individuals who are working to destroy their business, in the interest of the public good. Prophylactic medicine is the coming method but the public does not appreciate its value and is not as ready to pay for it as it should be.

The milk supply of every city should be investigated from the cow to the consumer. In the first place all milch cows should be examined for tuberculosis and animals with disease at once killed. A man in Des Moines, Iowa was recently given a verdict of $855,00 damages against a milkman, who had furnished him with milk from a cow affected with tuberculosis. The man claimed that the disease had been contracted by using the milk and that the milk man knew that the cow had tuberculosis. A few such verdicts in other cities would have a wholesome effect on many milk men.

The surroundings of the stable are of great importance. Cows kept in filthy stables and not properly fed can not produce good milk. The stable should be kept clean and those who handle the milk should be cleanly. The milk-pails and cans should be thoroughly washed with boiling water every time after being used, so that all pathogenic germs are destroyed. Disease frequently originates from dirty milk utensils and this can and should be prevented.

The milk itself should be frequently tested to see that it is up to the proper standard and is free from foreign substances. Preservatives which we sometimes used are deleterious. A milk man in this city was recently fined $25.00 and costs for using a preservative in the milk he sold. This has been a good warning to other milk dealers, and will result in all the dealers being more careful.

The State of Massachusetts has given most attention to the prevention of tuberculosis among cattle. Quarantine against infected cattle is maintained at the borders of that State, and in the last 3 years 10,979 tuberculous cattle were killed by State authorities and $366,805 paid to their owners. The State of Wisconsin has given considerable attention to this matter for the last year which will be beneficial.

The city of Buffalo has given more attention to the inspection of the milk than any other city in the country. The success of Buffalo's pure milk supply is due to the energy of Dr. Ernest Wende. Dr. Wende has been Health Commissioner of Buffalo since Janu-

ary, 1892, and during his first five years steadily reduced the city death rate from less than 22 per thousand to less than 14 per thousand. He is a most aggressive and efficient health officer and has dealt with tuberculosis in the milk supply with the same vigor and determination which have characterized his whole official career and have changed the storm of public outcry against his earlier acts into enthusiastic and widespread appreciation.

He has secured city ordinances authorizing the inspection and destruction of all tuberculous cattle within the city limits, and requiring certificates from all milk dealers supplied beyond the city limits that their herds have been examined by the health authorities and are free from infection. No milk can be brought into the city except under the protection of such certificates. In this way tuberculous milk is now effectually excluded from Buffalo—a condition not realized in any other large American city. As a result of insistent public demand Dr. Wende has retained his office through several administrations. Dr. Wende from the start has insisted that no political appointments should be made in his department, but that all his subordinates should be appointed under a rigid application of the civil service law. As a consequence he not only has efficient assistants, but his department enjoys absolute public confidence.

A pure milk supply depends upon the medical profession, the state and municipial authorities. By determined and united effort this can be done and it should be for our own and public health.

PROTARGOL.

Protargol is one of the newer preparations which continued experience shows to be more and more valuable. We have used it extensively in ophthalmic practice with most gratify results. Purulent inflamations of the eyes yield very readily to it.

Dr. Alfred Schwab, of New York, writing of its use in gonorrhoea says:

Benario, who has had a large experience with this drug, determined its penetrating power in a series of very careful bacteriological experiments, and found that it penetrated to a considerable depth beneath the surface of the nutritive medium, and destroyed the organisms which were present there. In cases in which he employed protargol, the discharge was usually considerably diminished at the end of eight days, and no gonococci could be found at the end of ten to fourteen days.

Dr. H. Goldenberg, of New York, (N. Y. Medical Journal, January 22, '98) who was the first to make a trial of protargol in this country, considers this drug superior to any other silver preparation. On the ground of his experience in 60 cases he comments upon the painlessness of the injections. He ordinarily made use of the solutions varying in strength from 0.5 to 1 per cent. For the slight catarrhal discharge which sometimes persisted after the disappearance of the gonococci, he recommends the use of an astringent solution.

Dr. E. W. Ruggles (Medical News, March 26, '98) who had under observation 15 cases of gonorrheal urethritis in Frank's Clinic in Berlin, noted a rapid disappearance of the gonococci after the protargol injections, the time varying from 24 hours to 4 days.

Professor E. Finger's observations in 40 cases of acute gonorrhea (Times & Register, June 11, '98) led him to coincide completely with Neisser's experience, and it is his opinion that if resorted to in the early stages of the disease, the drug prevents the extension of the gonorrhea to the posterior urethra. He recommends that the injections be kept up for several weeks.

ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Dr. A. R. Edwards was recently elected professor of internal medicine at the Chicago Clinical School.

The Medical Dial has added an Index Medicus, with a list of leading articles in the principal journals.

Medical quarterlies seem to be the style now as a half dozen, more or less pretentious quarterly publications have started recently.

Dr. Robert L. Rea died in Chicago, July 11, aged seventy-two years. He had retired from active practice and medical affairs. He had been professor of anatomy at Rush and later at the Chicago Medical College. Afterward he was for some time professor of surgery in the College of Physicians and Surgeons.

Liquid air is being tried by New York physicians as a therapeutic application with promising results. Dr. A. Campbell White among others, is making extensive experiments with it Although the temperature of liquid air is 312° F., below zero it does not destroy most disease germs. It has been used with some success in the treatment of boils, carbuncles, abscesses, lupus, ulcers, chancroid and cancers. It is applied in the form of a spray. We shall look with interest for further reports on its use.

Physicians should not hesitate in providing themselves with Kellogg's elastic funis rings and applicator for securing the funis. It is highly recommended by those who are using it. Dr. John S. Niles, of Carbondale, Pa., writes: "Please send me a supply of rings for enclosed. I cannot get along without your applicator and rings. I have had no hemorrhage from the funis nor any difficulty whatever with the cord. I have used the applicator in some six or seven hundred cases and it is just as good as new; never out of repair. Send rings by return mail."

T. T. Hubbard, of Saginaw, Mich., says: "While visiting my nephew in Illinois last Christmas he told me his little girl, six years of age, had always 'wet the bed' at night, and asked me, 'what shall I do for it?' I procured three ounces of sanmetto, all the druggist had at the time; the second night she missed, and has had but three nightly emissions in two weeks. He wrote me last week 'we consider her cured, but shall keep an original bottle on hand and use if necessary.' I have uniformly good results from prescribing sanmetto in kidney and bladder complaints."

In most cases of summer diarrhoea the astringent action of the bismuth salts is a very desirable one, and if in addition the salt acts in a marked degree as an antiseptic, the results obtained are necessarily more satisfactory. The faults as well as the merits of the older preparations are too well known to need mention. Certain it is, that, with children particularly, an efficient and palatable form of bismuth is a desideratum. The report comes from the Children's Hospital at Berlin (Kaiserin Friederich Kinder Krankenhaus), that bisol in 3 to 7½ gr. doses, given three times a day in aqueous so-

lution, is followed by the best results in cholera infantum. Both diarrhoea and vomiting were promptly checked and recovery ensued in a few days. In addition, regulation of diet and the exclusion of milk are, of course, of prime importance. Like favorable results ensued in adults with acute diarrhoea, in typhoid and in intestinal tuberculosis. Bisol acts well in gastralgia and vomiting from any cause.

The American Association of Obstetricians and Gynecologists will hold its twelfth annual meeting in the assembly room of the Denison House, Indianapolis, Ind., Tuesday, Wednesday and Thursday, September 19, 20 and 21, 1899. The association will meet in executive session with closed doors on Tuesday, September 19 at 9.30 A. M., for the election of new Fellows. The open session for the reading of papers will begin at 10 o'clock. At 7.30 o'clock P. M., Wednesday, immediately after the executive session, the annual dinner will be served at the Denison House. It is highly probable that Ex-Prseident Harrison and Senator Beveridge will make addresses at the dinner. The Medical profession of Indianapolis will tender a reception to the association on Tuesday evening at 9 o'clock, which Fellows and guests are expected to attend. A committee of arrangements has been organized, consisting of a number of physicians of Indianapolis, under the chairmanship of Dr. L. H. Dunning, which is working assiduously for the success of the meeting. It is respectfully urged that every Fellow make special effort to be present. All members of the medical profession are cordially invited to attend the scientific sessions.

In an editorial article on dysentery Dr. St. J. V. Graham (Georgia Journal of Medicine and Surgery, July '99) states that the drug treatment of this disease resolves itself into five or six drugs—calomel, opium, ipecac, tannopine, salines and quinine. If the case is seen early when diarrhea is present, with a lead colored or brown tongue, much benefit may be derived from giving calomel ¼ grain every fifteen minutes, until six, eight or ten doses are taken. An acid saline is then administered, after which bile usually begins to flow. This is Nature's antiseptic, and no chemical compound or socalled intestinal antiseptic can be compared with it. After this has been kept up for a sufficient time for the exigencies of the case, tannopine should be administered, combined with ipecac and opium, in the form of Dover's powder, or of each drug in simple powder combination. Tannopine should be given in ten or fifteen grain doses every two and one-half or three hours. An ice bag over the belly is preferred by the writer to any form of poultice. If neccessary the bowels are irrigated with a bisulphate of quinine solution—one teaspoonful to a quart of cold water. Very little quinine will be absorbed, for it will not stay in long enough. The diet should be carefully adjusted to suit individual peculiarities and the stomach digestion. Stimulants should be used as indicated. The above treatment, which is indicated in acute cases, has proved very successful. In chronic cases, however, an essentially different drug treatment should be resorted to.

No one will question the powerful germicidal properties of corrosive sublimate and various strength solutions of this drug are used with the best results by most practitioners. There are, however, various objections to an extensive or continuous use of the bichloride. As is well known, it quite frequently causes toxic effects, its irri-

tant action on the skin is objectionable and its corrosive power is injurious to instruments. Then again its germicidal power fails in the presence of grease; it coagulates albumen, forming a coating beneath which germs still may exist. As just stated, the bichloride of mercury combines readily with albumen to form an insoluble precipitate. This action makes albumen so good an antidote in corrosive sublimate poisoning. Just this point has been utilized in making an antiseptic soap containing the albuminate of mercury with ordinary stock (oils and alkali). Sapodermin, as the product is called, is powerful as a germicide, non-toxic, non-irritant, non-corrosive. It is, however, absolutely soluble and very penetrating. It is healing, soothing and a skin nutrient. With all these advantages it must soon gain favor with not only the dermatologist, but also with the surgeon, the gynecologist and the general practitioner.

There are, no doubt, very many important uses for antikamnia, of which physicians, as a rule, may be uninformed. A five grain antikamnia tablet prescribed for patients before starting on an outing, and this includes tourists, picnickers, bicyclers, and in fact, anybody who is out in the sun and air all day, will entirely prevent that demoralizing headaches which frequently mars the pleasure of such an occasion. This applies equally to women on shopping tours, and especially to those who invariably come home cross and out of sorts, with a wretched "sight-seer's headache." The nervous headache and irritable condition of the busy business man is prevented by the timely use of a ten-grain dose. Every bicycle rider, after a hard run, should take two five-grain tablets on going to bed. In the morning he will awake minus the usual muscular pains, aches and soreness. As a cure and preventive of the pains peculiar te women at time of period, antikamnia is unequaled and unaccompanied by habit or unpleasant after-effect. If the pain is over the lower border of the liver, or lower part of the stomach, or in short, be it headache, sideache, backache, or pain of any description caused by suppressed or irregular menstruation, it will yield to two five grain tablets. This dose may be repeated in an hour or two, if needed.

Dr. Louis Fischer, of New York City, has an exhaustive article in Pediatrics on Dry Antitoxine, which most physicians will read with profit. Dr. Fischer is one of the best authorities in the country on pediatrics and his report in this article is marked by the thoroughness which is characteristic of all his work. He gives the clinical histories of five cases of diphtheria treated with dry antitoxine. We present the following extracts from the article for the benefit of our readers:

It is a golden-yellow crystalline substance, quite readily soluble in sterilized water, and containing no foreign antiseptic. Liquid antitoxine is preserved with carbolic acid; and also trikresol; other preparations, like camphor, have been added as a preserving agent. This new solid diphtheria remedy is tested for its activity and also for the presence of germs by the government.

The remedy must be dissolved immediately before use by adding from 1 to 4 ccm. cold sterilized water by means of a sterilized pipette into a bottle of antitoxine. The solid serum dissolves slowly; the greatest caution must be used not to contaminate the solid serum, as it contains no antiseptic, nor should any be added to the water used for dissolving the serum.

Bottles containing 1,000 units constituted a healing dose, and in a very

malignant case it was necessary to repeat this dose in twenty-four hours. The antitoxine, after water is added and thoroughly dissolved, is then injected into the intra-scapular region, or in the buttocks, or the thighs, or in the loose connective tissue of the abdomen or even the chest. The same aseptic precautions that would be used while injecting this dissolved crystalline antitoxine. Between 2 and 3 ccm. of sterile water was sufficient to dissolve the contents of a bottle containing 1,000 antitoxine units.

It is advisable to keep the bottles containing the serum in a cool, dark place.

My experience has been limited to five cases. Two of these were very malignant, one very severe and two mild. Case 1 was a very severe case of diphtheria; case 2 a very malignant case, which necessitated intubation; about six hours after first seen. A very important point, and one worth noting, is that there was no distinct reaction immediately following the injection, nor was there any later tn the disease. In the child, R. D., the temperature remained stationary, did not rise or fall on the first day of the injection, but fell by lysis the following day and the succeeding days until the child recovered. This was true in all other cases; the temperature went down slowly by a process of lysis from the first day of the injection until the final recovery. The pulse behaved similar to the temperature, the number of beats going down from 120 to 80 in one case after several days of treatment, and in case L. G., which necessitated intubation, the pulse went down from 108 to 80 in two days after intubation. The respiration went down in 24 hours from 48 at the time of the intubation to 28 in one day. All five cases recovered without any sequels. A noticeable point was that not one of the children complained of pains in the joints following injection. In none of the cases injected was there an antitoxine rash following the injection of the dry antitxoine. It has frequently been claimed, and by some very good observers, that one of the main reasons for the appearance of an occasional exanthema following the injection ot the liquid antitoxine was because the latter contained either trikresol or carbolic acid for the preservation of the same. Some chemists have stated that in some instances where toxic symptoms have been observed, that the latter were produced by the small quantity of carbolic acid present in the serum. If this is true, then one of the most objectionable features added to the antitoxine have been removed. Antitoxine is no longer an experiment, and therefore, without wishing to overestimate this new product, I feel warranted in advocating its use in every form of diphtheria, and more especially in very malignant forms. No more than 2,000 units, or the contents of two bottles, each containing 1,000 units, was necessary to effect a cure, although a substantial improvement in the disappearance of the membrane in the pharynx and tonsils, in the swelling of the cervical glands, in the lowering of the temperature, and a corresponding decrease in the pulse rate, and a general brightening up of the patient's condition was noted the following day in each one of my patients after the use of 1,000 units of antitoxine. It is well to again emphasize what I said in the beginning of this paper, of the absolute necessity of using the greatest amount of care to keep the hands and skin of the patient absolutely clean. This applies, however, most especially to the pipette and to the bottle of antitoxine and the water used. If the slightest foreign matter is introduced, and our injection is not given absolutely aseptic, then and then only can some infection take place and interfere with the proper effectiveness of the healing remedy.

GLEANINGS

FROM RECENT MONOGRAPHS.

In this department we present some of the good ideas from late monographs, of which we receive a great many, some of which have never been published in a journal. We invite medical authors to send us copies of their monographs; while our space does not permit us to refer to all the valuable ones received, yet we shall mention as many as possible. We invite our readers to discuss in the pages of the Recorder, the ideas here presented.

PASSIFLORA INCARNATA. By Herschel Fisher, M. D., Lebanon, Ohio.

The attention of the profession has frequently been called to the sedative, antispasmodic, and hypnotic properties of May Pop (passiflora incarnata, Lin.), but until recently its employment has been restricted largely to the eclectic practitioners of the south and west, who have used it for many years. It has only lately had a place in our prescriptions and literature, but is so rapidly growing in favor that some reference to its claims for recognition may not be out of place here.

The may pop is one of more than two hundred species of the passion flower, and is widely distributed throughout the southern states, occasionally occurring as far north as Ohio and Pennsylvania. It has been persistently lauded as a remedy of phenomenal value in convulsions and all forms of excessive irritability of the nervous system.

The conviction is gradually growing that we are to have in it a perfectly safe and generally reliable substitute for opium, chloral, and the bromides, in a certain large range of cases. No one pretends to think it can wholly displace either of these drugs, but many observers place it above all of them as a safe, pleasant and available antispasmodic in the milder forms of reflex irritability.

Other species of the passiflora have had some repute as mild narcotics and soporifics, but they have not proven as widely useful as the may pop.

The larger manufacturing concerns, catering to the regular profession, now offer tinctures and fluid extrcts, and it is obtainable through physician's supply houses and the trade.

The whole plant is generally employed—the belief that the root is poisonous having proven erroneous.

The dose is from ten drops to two drachms, repeated as required. Very large quantities have been given to children, and no harmful results have been reported. Vomiting has been induced twice and purging once in my own practice by pushing the dosage where thickly coated, muddy looking tongues indicated pre-existing gastro-intestinal derangements. Not the slightest ill effect has followed its administration to young or old save in these instances. Occasionally it has failed to accomplish the desired object, probably because the doses were not repeated with sufficient rapidity. The same experience is common in the use of all sedatives, but it will probably be found that passiflora is not as sure in its action, certainly not as powerful, as opium and chloral. It is superior in many ways to that idol of earlier days, potassium bromide, excepting, perhaps, in the control of epilepsy of central origin. Whether it can be depended upon to prevent the storms of that malady is still an open question.

The clinical observations of the more competent observers, and their deductions from them, are largely verified by laboratory experiment.

Dr. Isaac Ott, of Philadelphia, has made an exhaustive research into the physiological action of passiflora on the frog, and has found that it causes paralysis of motor nerves or muscles. Section of the cord does not perceptibly alter the result, showing that the inhibitory action of the brain is not involved. Experiments on the frog's heart with passiflora made very little impression on the pulse rate or arte-

rial tension. Both were temporarily reduced, but the influence was slight and transient. Cutting the vagi, and paralyzing their action by atropine, did not materially affect the results, showing that the peripheral ends of the vagi have no action in lowering the heart beat. Removal of the influence of the central vaso-motor center, by severing the cord and cardiac nerves, in the rabbit, controlled the temporary fall of the tension previously noted, and led him to believe that it was caused by temporary impression on the medullary vaso-motor center. The number of respirations was increased in the rabbit's under experiment, before any after section of the vagi. He concludes that it is a drug of considerable power in depressing reflex activity of the spinal cord, possessing an advantage over most other nerve sedatives, in that it stimulates respiration and has but slight temporary effect upon the circulation—two valuable factors of safety.

Many observers testify to the efficiency of passiflora in reducing reflex irritability, to which so many cases of infantile convulsions are due, and to its value in treating such cases when the cause cannot be discovered or removed, and palliative measures must be employed. Here its safety, ease of administration, and freedom from after effects, stamp it as the remedy par excellence, and much to be preferred to opium, chloral, chloroform, and the bromides.

The insomnia of childhood and old age, when not associated with sluggish digestion, yields to it readily—a quiet, natural sleep being produced without preceding excitement or after-depression, the patient being easily awakened and falling back into a dreamless slumber on being left to himself. The awakening is complete, his mind clear, he at once recognizes attendants and surroundings, and has none of the heaviness common to those whose chloral or bromide-induced sleep is interrupted. No drug habit is engendered, and the patient does not arise with bowels locked up and wits clouded.

The restless vigil of typhoid fever resists passiflora for a time, but slowly gives way to peaceful sleep after the administration of several doses; and while the drug has no direct action in combating disease, it conserves the strength and proves a valuable ally to nature's defensive forces. Any low, muttering delirium, or even the raging mania of the insane, is influenced by repeated doses of the fluid extract or tincture, and there is often peace where pandemonium had reigned before. Its judicious employment has soothed the troubled brain of more than one poor unfortunate, and enabled his friends to control him at home when imprisonment seemed inevitable. There is no evidence so far that large doses or frequent repetition of them have shortened life or impaired vitality.

The beneficence of passiflora is nowhere more frequently manifest than in the treatment of hysteria and neurasthenia. The shifting pains, morbid fears, and irregular motor phenomena of the hysteric woman, are dissipated as by magic and the whole household released from the demon's spell. By anticipating explosions and keeping them in abeyance, removing apparent causes and enjoining better habits of mind and body, one is often able to materially improve the condition of those persons who are doubly victims, subject to habit as well as disease. Passiflora will enable the discerning physician not only to relieve, but sometimes, with the other means at our command, permanently benefit them.

Hystero epilepsy affords another useful field for its employment. It certainly lessens the tendency to exaggerate bodily impressions and relieves the irritability of the neurasthe-

nic. Cardiac irritability, the insomnia, the haunting dreams, the impotence, back pains, ocular disturbances; the feeling of nervous and muscular uncertainty are allayed, physiologic balance restored, and self-confidence re-established—preparing the way for the hygienic and therapeutic measures appropriate for each individual case. The restless fretting of infants, the toxic instability of the cigarette smoker's nerves, the tremors and depression following alcoholic excesses, the distress of the opium eater, the shopping-day headaches, the overtrained musician's breakdowns, the student's undoing from long application to his studies, the worried banker's collapse, and, in fact, brain and nerve fag from whatever cause, with perverseness and irritability, are all indications for the use of passiflora.

Bearing in mind that reducing reflex irritability may serve a purpose and tide the sufferer over many a stormy hour, to his comfort and the physician's credit, even though no cures be effected, we may find passiflora incarnata a valuable aid in the management of many troublesome cases.

The above is from a paper read before the section of materia medica and therapeutics of the American Medical Association, and published in the Virginia Medical Semi-Monthly. Passiflora is now recognized as a valuable drug by practitioners of all schools. John B. Daniel, of Atlanta, Ga , is the pioneer manufacturer of passiflora and has always made a reliable preparation. I recently saw a case of insomnia of old age in which Daniel's concentrated tincture passiflora incarnata was used with the best results. The passiflora gave regular, refreshing sleep to the patient, where before it seemed impossible to get natural rest.

Dr. Joseph Adolphus, of Atlanta, Ga., has investigated thoroughly the merits of passiflora and written some good clinical reports upon its use. The following is from a recent article of his in the Southwestern Progressive Medical Journal:

"I believe John B. Daniel, of this city, makes the preparation of passiflora and the one that gives the most uniform satisfaction. I use it, and nearly all other physicians who have any adequate knowledge of passiflora as a medicine, use Daniel's concentrated tincture

"A few months ago a gentleman who was engaged as night watchman and was engaged in some other business during part of the day so that he did not get enough sleep became very nervous, was not able to sleep, became very restive and irritable of temper. I advised passiflora in teaspoonful doses an hour apart till sleep came, after four doses he was still sleepless. Then he took a tablespoonful of Daniel's concentrated tincture, in an hour or less time he went to sleep, which continued five hours from which he awoke refreshed and ready for business. The next day, before going to sleep he took a teaspoonful of passiflora which put him to sleep in regular order, from which he awoke with a good appetite and ready to go to work. He was cured.

"I cured a case of enuresis in a boy 10 years old, who had taken recognized treatment without success. I gave him one-half teaspoonful of passiflora twice, an hour apart. Then he went to sleep but was awakened at 12 at night to urinate. He returned to sleep, next morning he awoke in good health, had not wet the bed that night. The second night he took the medicament in the same way, slept all night without wetting the bed, though he was not awakened. Continued treatment ten days."

I should be pleased to have some of the Recorder readers report their experience with passiflora J. P. T.

THE ABUSE AND DANGER OF COCAINE. By W. Scheppegrell, A. M., M. D., of New Orleans, La. Reprinted from the Medical News.

When cocaine was first brought to the attention of the medical world it was heralded as an unalloyed blessing to mankind, and one which would revolutionize surgical methods. In some respects this expectation has been realized. The extraordinary effects of cocaine in surgery, especially in the minor branch, have surpassed even the most sanguine hopes, and its application has become such a routine practice that we but little realize that fifteen years ago this drug was practically unknown. In many cases in which a general anesthetic and its attending danger would not be admissible, and in which the patient is unwilling or unable to tolerate the physical pain of a minor operation, this useful alkaloid allows the necessary procedure to be carried out without pain or inconvenience, although not without a certain element of danger, as was claimed by those who first employed it.

In no part of medicine has cocaine been of more service than in the treatment of the upper respiratory passages. This is in a great sense due to its ease of application, as the mucous membrane absorbs the various solutions of this drug easily, an absorbability which is less in the throat than in the nose, but in each location sufficent to obviate the necessity of a submucous injection. Not the least value of cocaine in the nasal passages is the contractile effects on the erectile tissues, which enables the operator to inspect the field more thoroughly, whether for examination or the necessary manipulation for operative procedures. Many pathologic conditions no doubt would escape observation but for this useful effect of cocaine.

While admitting, then, that cocaine has proved a great benefit to medicine and surgery, and that it has contributed not only to the comfort of the patient but also to the success of the physician by enabling him to operate more easily and thoroughly, it cannot, however, be said to be an unalloyed blessing. In fact, so fully have surgeons realized the evil effects which the indiscriminate use of cocaine has caused that many believe it has been productive of more harm than good. This was recently illustrated by the remarks of some of the speakers who expressed this opinion in a discussion before the American Laryngological, Rhinological and Otological Society at its meeting at Washington. As these men have had unusual opportunities for noting the good and evil effects of cocaine, their opinion is certainly entitled to much consideration.

That the danger of the toxic effects of this alkaloid is not fully understood is demonstrated by the fact that in the large majority of cases in which the effects are serious or even fatal no drug to counteract its toxic effects has been at hand. These toxic effects are by no means rare, as is demonstrated by a study of the literature of this subject, and when it is realized that by far the greater number of fatal cases do not find their way into medical literature it can be more fully understood that the application of cocaine is not without its attending danger. The knowledge of this should cause one to make the same preparations in administering cocaine as when a general anesthetic is used, as the difference of danger is but relative. The agents for this purpose which will be found most useful are nitrite of amyl, nitroglycerin, atropine, whisky, ammonia, and digitalis. The most rapid method of relief, and one most easily applied, is the horizontal position, and this should be resorted to at the first appearance of toxic symptoms.

The toxic effects vary according to the amount of cocaine used and the susceptibility or idiosyncrasy of the patient, the latter, as in the case of morphine, being the most serious consideration in the application of this drug, as it sometimes develops in patients in whom it is least expected. In all these cases the element of fear should be considered, with its depressing effects upon the heart and circulation, thus predisposing the patient to the toxic effects. The application of cocaine should, therefore, be tentative, this applying especially to hypodermic injections in which the action of the drug cannot be controlled when once it has left the syringe. On this account, also, cocaine should never be used in the nasal passages in the form of a spray; it should be applied by means of a small pledget of cotton so that the administration can be discontinued at the appearance of the first toxic symptoms.

Among the symptoms due to cocaine poisoning are extreme pallor, profuse perspiration, unconsciousness; frequent, feeble, irregular and intermittent pulse; dizziness, nausea, in some cases great agitation, and occasional loquacity; more rarely, blindness, deafness, lividity, muscular rigidity, a feeling of impending death, convulsive twitchings, paralysis, and convulsive or suspended respiration. The earliest symptoms should be carefully noted and counteracting measures at once instituted. When the symptoms are sufficiently urgent the administration of medicines by the stomach should not be relied upon, but the more rapid and efficacious method of hypodermatic injections at once resorted to. The majority of the symptoms disappear quickly or within a few hours after the application of the cocaine, but they are sometimes prolonged for several days. Among the latter may be noted obstinate headache, insomnia, hallucinations, numbness of the extremities, and prostration.

The literature of cocaine anesthesia demonstrates the fact that death has occurred from its administration in many instances. Whether this fatal result is due to the amount of cocaine administered, to a peculiar idiosyncrasy of the patient, to omission of proper antidotal or restorative measures, or to the lack of their prompt application, is naturally difficult to determine. Many cases, probably, are due to a combination of causes. In a case reported by Abadie death followed an injection of a 5 per cent. solution of cocaine for an operation on the eyelid. There was loss of consciousness within ten minutes, the respiration stopped, and the face became cyanosed as if from asphyxia. There was partial resuscitation after great effort, but death followed the same evening.

The urethral injection of cocaine has been a fruitful source of fatal results. In a case reported by Simes the patient was a man aged twenty-nine years, in whom a 20 per cent. solution of cocaine was introduced into the urethra by means of a long-nozzled syringe which passed about four inches into the canal, the object being to perform an internal urethrotomy. Toxic symptoms at once developed, the muscles of the face twitching, the eyes staring, pupils dilated, frothing at the mouth, face much congested, respiration labored, and finally epileptiform convulsions. The respiratory function was labored, the action of the heart became irregular and slow, and the entire surface of the body cyanosed. Death occurred twenty minutes after first convulsion. At the autopsy the brain and lungs were found congested, the right side of the heart was empty, and the left filled with clots of blood. In this case the susceptibility of the patient was obviously aggravated by the large dose injected into the rapidly absorbing mucous membrane. An un-

recorded case of a fatal issue from the injection of cocaine into the urethral canal occurred in this city about three years ago. Of five cases of cocaine poisoning reported by R. W. Hayes, of Los Angeles, Cal., two had fatal issue. One of the latter cases was due to the injection of a solution of cocaine into the urethra of a child to facilitate the passage of sound. In an article on cocaine poisoning by J. B. Mattison four fatal cases of recent date are referred to, all following the use of a 4 per cent. solution of the drug. Two of these were also urethral cases, the dose in one being 1 grain, and in the other ⅓ of a grain. In the third case a 4 per cent. solution was applied to a blistered surface, and in the fourth, a rectal case, ⅔ of a grain in two doses, with an interval of ten minutes, was used. In the third case the symptoms were excitement, convulsions, and death, all within one minute.

Rhinolaryngologic literature has not furnished its quota of the reports of fatal issues from the use of cocaine. Whether this is due to modesty or to the fact that the application of the drug in the upper respiratory passages may be more accurately controlled, it is difficult to state. The enormous extent to which cocaine has been used, and the fact that fatal issues from other causes have been reported as faithfully in this branch of medicine, would favor the latter explanation of the lack of mortality from cocaine in this region. Dentistry has not been so well favored in this respect, this being due to the fact that the gingival membrane has only a limited power of absorption, and the anesthetic effect of cocaine is usually obtained by the injection of the drug. A fatal case is reported in the Zeitscrift f. Zahnheilkunde, Berlin, September 25, 1890. The patient, a woman aged twenty-nine years, was apparently healthy but quite nervous. The extraction of a tooth was painless and nothing abnormal was noted. The operator withdrew from the chair to obtain some water for the patient and on his return found her motionless. Physicians were summoned and artificial respiration practised, but without success. The quantity of cocaine injected was ⅓ of a grain. A useful moral in this case is that, if the dentist is not capable of treating a case of cocaine poisonlng he should not administer the drug except in the presence of a competent physician.

In addition to the toxic symptoms which may arise from the application of cocaine one must consider a more remote effect, but one which is far-spread in its evil and which now offers a serious menace to society. I refer to the development of the cocaine habit. I regret to state that this habit follows more frequently from its application in the nose and throat than in any other branch of medicine, and in the majority of cases it results from the ill-advised prescription of the physician. In acute coryza in which it is so often used cocaine temporarily relieves the turgescence of the tissues, the sneezing, and the irritability, and when once this dangerous agent has been placed in the hands of the patient, it is frequently a facilis descensus. The patient who applies this drug, and frequently the physician who prescribes it, little realizes that this beneficial effect is soon followed by dilatation of the cavernous tissue, due to paralysis of the vasomotor nerves, and that its continued use causes chronic congestion of the tissues which requires the cocaine to be applied more and more frequently until even this remedy fails. That this effect frequently develops is shown not only by medical literature, but also by the fact that many physicians use this as a routine measure not only for their patients but even for themselves. Hay fever is another pathologic condition which encourages the abuse of this drug, and it fre-

quently lays the foundation of a chronic nervous affection of the patient. A number of such cases have come under my observation and many have been recorded. It is to be regretted that the application of cocaine in these affections has been recommended, and even in text-books on rhinolaryngology. Thus I find a well-known author who recommends a 4 per cent. solution of cocaine in acute rhinitis and acute pharyngitis, and another, an aurist, who recommends a 10 per cent. cocaine spray (!) in acute coryza.

The development of the cocaine habit in this manner is an easy process, and the results are not only as dangerous as those of the morphine habit but are claimed by some to be even more rapid. Among these effects is a rapidly developing marasmus characteristic of this form of intoxication. The psychologic symptoms are quite marked consisting of apprehension, delusions, and hallucinations, which sometimes resemble those developing in chronic alcoholism. There is insomnia, loss of appetite, and frequently complete impotence. The severity of these symptoms indicates that the substitution of cocaine for the morphine habit is an exchange of no benefit to the patient, and the withdrawal of the former is sometimes followed by more severe reaction than in chronic morphinism.

A peculiar phase of the cocaine habit which has developed in New Orleans and in quite a number of other cities in the south is the contraction of this habit by the negroes. The extent to which this has spread can be easily verified by druggists and in police circles. It is not used in the manner usually prescribed, but a few crystals of the drug are snuffed into the nostrils, not on account of its contractile effects on the nasal mucosa, as is usually the origin of this habit in the Caucasian, as the nasal passages of the negro is normally quite patulous, but on account of its exhilarating effects. The physical and mental wrecks which soon result from this vicious habit attest to its pernicious effects.

While admitting the danger and evil results of the abuse of this drug, we should not, on the other hand, go to the extreme in condemning it in its entirety, as has recently been done on several occasions. That this should be the case, however, is not unnatural, being the return swing of the pendulum of the early enthusiasm with regard to it. What is needed is that one should have a proper realization not only of the benefit but also of the danger of its application. The medical profession should be made thoroughly acquainted with the complications which may arise from the use of cocaine, and the evil of placing such an agent in the hands of a patient. The druggist should be compelled to restrict the sale of this as well as of other toxic drugs to the prescription of the physician. As stated before, however, cocaine should never be placed in the hands of the patient under any circumstances, as the habit is so easily acquired. In this manner we may retain the use of a valuable drug, and, by exercising proper care, eliminate its evil effects.

The above extracts, from Dr. Scheppegrell's Monograph, present some important facts upon this subject. One method by which the cocaine habit is acquired, unconsciously by many individuals, is by the use of catarrh snuffs. These frequently contain sufficient cocaine to cause the innocent users to become its slaves. The manufacture and sale of such mixtures is most reprehensible and should be stopped. While cocaine is a valuable agent in our warfare upon disease, we should always bear in mind its dangers.

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ORIGINAL ARTICLES.

CATARACT.

By Robt. B. Hopkins, M. D., Milton, Del.
Surgeon Queen Anne's R. R.

There is probably no operation in surgery performed with more interest to the patient and operator than the extraction of cataract. First let us consider the preparation of the patient and the condition of the eye to be operated upon. It is best not to do an operation for cataract unless the patient be in perfect health, that is, free from diabetes or albuminuria, free from cough, and especially shall the eye be free from the slightest conjunctivitis and the lachrymal and schneiderian mucus membrane free from any catarrhal condition; without these prerequisites it would be suicidal to perform the operation; because if the general health be impaired, resolution and granulation of the cornea will be retarded, and if any conjunctivitis or catarrhal conditions exist the wound would become infected producing inflammation and iritis followed by loss of vision, if not compelling enucliation of eye ball.

I do not know a class of people more difficult to manage than the blind, especially one on whom you intend operating for the removal of cataract. They are anxious to receive their sight and who would not be? Yet, if they would follow your instructions implicitly the results would be far more encouraging than they are apt to be otherwise. I mention this so as to keep the operator doubly on his guard to avoid complications.

Patients when they find after an operation that they can see, are apt to remove the bandage so as to get just a peep of day, and by this may spoil a very complete and satisfactory operation. I knew a patient who having only one eye, after a cataract extraction had been performed on it, finding the nurse to be out of the room, removed the bandage and dressing himself descended two flights of stairs, walked to the nearest saloon, drank a glass of beer, returned to his room placed on dressing and bandages and escaped without any complications. We do not advise our patients to do this.

Several days before the operation, have the patient's hair cut if it is long (if male) and the scalp thoroughly

scrubbed with soap and hot water; repeat this every day for three days. Have also the face, eye brows and lids thoroughly washed and see that the ciliae or eye lashes are also washed and that there is no disease as seborrhoea or milium at margin of lids. It is taken for granted that the patients clothing and bedding are absolutely clean.

Some one may ask shall we use atropia before the operation to dilate the pupil? In text books I have read treating of cataract extracting, I have never seen one who advocates its use except after operation followed by iritis. Whether they use it, or fail to mention the same I cannot say. I think it best to use atropia.

℞ Atropiae Sulp. gr. ii.
Aquae Destiliat ℥ i.
Use sufficient to dilate pupil.

The pupil of a cataract patient will not dilate so readily as a normal eye. By having the iris dilated it is not so apt to be injured and gives the operator a better chance to extract the lens.

I notice many operators prefer to do what is termed simple extraction that is without doing a previous iridectomy. The operation I think is more satisfactory and it certainly gives the patient a better pupil. However, in exceptional cases it may be better to perform an iridectomy.

Cocaine, four per cent. solution, is the best anaesthetic to use. This should be prepared with sterilized water and be placed in a sterilized bottle. One drop in eye every five minutes for half hour will usually anaesthetize the cornea. Test the cornea by passing over it the handle of knife, if patient does not feel it, the operation may begin.

When making puncture and counter-puncture be careful not to include any conjunctiva so as to admit hemorrhage which is a very embarrassing thing to have happen, as it interferes with seeing what you are doing when opening capsule of lens. Be sure to make incision sufficient to admit escape of lens; should you find opening is not large enough, increase with scissors as cutting with knife, you may exert too much pressure and cause excessive escape of aqueous. Should excessive quantity of aqueous escape I think it better to continue with operation, especially when the iris and lens press against cornea. I remember a case upon which I operated and this happened, but upon the expulsion of lens the anterior chamber regained nearly its proportion; the iris fell back to its position and the patient received good vision.

Should the iris become turned up in the expulsion of lens it can be stroked down by inserting a small instrument in opening. This should be done very carefully and gently. Should the iris become turned in I think it best not to meddle too much, as my experience has been, it will fall back into place of its own accord, having behind it the pressure of vitreous humor.

After the operation is completed and proper dry antiseptic dressings are applied, the patient should be placed in bed, with a nurse as constant watch. The patient need not remain in bed longer than two days; on the third he may be allowed to sit up in chair.

I have not said anything in regard to antiseptics applied directly to the eye as I do not think they should be used. Sterilized water is sufficient, unless some complication follows as infection, of which we will not speak at present. We should not place anything in the eye that would have a tendency to irritate. Bi-Chloride, although very dilute, say 1-5000 is an irritant especially when coming in contact with a raw surface on a delicate membrane like the cornea of the eye.

I have not endeavored to give an exhaustive description of cataract extraction, but simply to call attention

to some minor points in the operation and preparation for same.

In May of last year Mr. J. aged 70 was operated on for removal of cataract from left eye, followed by good vision. He intended the following May to have the cataract removed from right eye. Three months ago he was attacked with severe pain in right eye and the only relief he could obtain was by bathing eye in hot water or rather placing his face in basin, submerging the eye. This he was compelled to do several times a day in order to gain relief. This he faithfully performed for several weeks when to his surprise he began to discover that the sight in the affected eye was returning. The pain gradually grew less and in the course of two months had ceased. He has at present perfect sight in right eye by aid of glass, the lens is perfectly clear, all traces of cataract having entirely disappeared.

A FEW POINTS IN PRACTICAL THERAPEUTICS.

By A. V. Hinman, M. D., Youngstown, Ohio.

Obstinate Emesis of Local Origin. When the usual remedies have failed to give the desired effect and we know all irritating substances that might be present have been ejected, dissolve a quarter of a grain of hydrochlorate of cocaine in a half teaspoonful of warm water and administer. This has been very effective in giving immediate relief. I have seldom found it necessary to repeat the dose. The same local quieting effect on the stomach is obtained by its administration in hematemesis when we desire above all things to have perfect gastric rest.

* * *

A Feature of Quinine. The bisulphate of quinine is more readily and thoroughly assimilated than the sulphate owing to the greater preponderance of the dissolving element therein, sulphuric acid. Using it in the same dosage, it has been found to be as effective as the sulphate, but without any tinnitus aurium or other usual unpleasant effects.

* * *

Obstinate Hiccough. A few remedial agencies: 1. Use traction of tongue. 2. Hang head backward over edge of bed. 3. Inject cocaine to phrenic nerve. 4. Close the external auditory meatii with fingers and have patient take several swallows of water. 5. Wash out stomach. 6. Administer morphia or glonoin. 7. Put ice to side of neck. 8. Use chloroform or vinegar internally. 9. Give musk in grs. v doses. 10. Compress sides of chest at diaphragm and tightly bandage.

* * *

Prophylaxis of Migraine. Give gtt. v-x fluid extract cannabis sativa three times daily.

* * *

Uric acid diathesis.

℞ Kali Nitras ʒi ss
Kali Acetas ʒ iij
Kali Iodide
Natri Bicarb aa ʒ j
Aquae q. s. ad ℥ iv

M et Sig. Teaspoonful every three hours.

* * *

Cardiac palpitation due to excessive use of tobacco, or indigestion. Withdraw tobacco gradually and give that old stand-by, digitalis gtt. vj t. i. d. Also at same time give.

℞. Tr. Nucis Vomicae ʒ ss
Tr. Gentian. Comp. ℥ ii ss
Aquae q. s. ad ℥ iiij

M. et Sig. Teaspoonful after each meal and on retiring.

* * *

In Gonorrhoea in the male, always use a suspensory for the testicles.

Excellent results are often obtained by the use of glonoin in hepatic, renal, stomach, or intestinal colic, uterine inertia with feeble or infrequent pains or both; sea-sickness, reflex vomiting, hiccough, anemia, and sometimes even in aborting an attack of epilepsy.

* * *

Blood clot in bladder. Dissolve by injecting a ten per cent. solution of sodium bicarbonate. It can be easily brought away.

* * *

Hyperdrosis of Feet. Soaking the feet twice daily in a third of a pail of as warm water as can be borne, with a handful of sodium chloride thrown in, may be tried with sometimes very satisfactory results. If this treatment proves ineffectual, apply equal parts white vaseline and lead plaster and wrap the parts, even between the toes, thoroughly with gauze; allow this to remain twenty-four hours, then remove the gauze and rub the feet dry with clean towel and apply as a dusting powder salicylic acid and pulv. amyl. aa. Repeat as often as necessary. Do not wash feet as part of this treatment.

* * *

Scarlet Fever. In severe cases, as a prophylactic against malignant forms and septic complications, lachesis 6x every half hour has proven very efficacious.

* * *

Erysipelas. While bathing the parts in a two per cent. solution carbolic acid, or a solution of plumbi acetas, administer internally rhus toxicodendron and lycopodium and regulate stomach, bowels, and kidneys.

* * *

Knowing with what interest the writer has always scanned articles on practical therapeutics and the many helps he has at times received therefrom as the result, he hopes that in these few brief points he has been fortunate enough to have mentioned some that may prove of interest or advantage to some of the Recorder's readers. He recognizes that there is always a liability to difference of opinion, probably as much if not more in therapeutics as in any other branch of medical science (especially when we consider the different schools of medicine), but "where there is much desire to learn, there of necessity will be much arguing, much writing, many opinions; for opinion in good men is but knowledge in making."

EMULSIONS AS NUTRIENTS IN MEDICAL APPRECIATION.

By Willard H. Morse M. D., Westfield, N. J.

What is the actual nutrifying value of an emulsion?

This question; propounded to eighty-three practitioners, was favored with sixty-seven direct answers, and not one of the sixty-seven carried more than an indifferent recognition of the nutrient valuation of emulsions. This, understand, was in February 1899.

Standing before a class of seniors for a "quiz", the question was put, "What is an emulsion?" The only satisfactory answer that I received was that of a bright German lad, who wrote, "Any liquid preparation of a color and consistency resembling milk." Question might meet objection on this, were it not that he copied the definition verbatim from Webster's dictionary!

But, match the two questions, and is it not just about so? "Any milk-like preparation of little or no nutrifying value." True? Very true. "Emulsion?" Physiological or pharmaceutical, the average medical man has in his mind a "milk-like" preparation of cod liver oil, much endured,

greatly abominated, to the taste of duckbills, and much lied about.

But, it may be urged with much force, theoretically an emulsion is, and indeed must be, of nutrient quality. Theoretically? Yes. Theoretically an emulsion is availably nutritious, but practically emulsions of the animal oils are not, and emulsions of the vegetable oils are not.

It has been said, time and time again, and I confess that there is really something like pleasure in saying it, that oil is a very important material in intestinal indigestion. And why and wherefore? "Because it constitutes the molecular basis of the chyle, which consists of finely-divided fatty matter, each globule of fat being surrounded by a thin layer of albumen." All very true, and good straight fact. All physiologists are agreed as to this. Then there follows the reasoning, "fats, therefore, are adapted to form the molecular basis of the chyle." Microscopically, you understand, is the plan of argument. "See the similitude! See the minute fat globules in both! See how easily, how rapidly, the oil becomes the chyle! Presto-change"!

"Of any fat, chyle may be made." Yes. "One fat may be thus utilized more rapidly than another, perhaps." Perhaps? It is the radical fact. It is something like silly talk to maintain preference for codliver oil in emulsion. You may call it professionally vulgar, if you like, (and I admit the charge,) but I have succeeded better with an emulsion of the cooking compound called "cottolene" than with the emulsion of codliver oil. "Cottolene" is a preparation of suet and cottonseed oil, and it is more adaptable to form the molecular basis of the chyle, than the codliver oil. But, you will say, of course we are not thinking of inducting a substitute for lard into the materia medica. Certainly not; and yet, whisper it, if you please, in the high places, cottolene emulsion is more "adaptable" than the average codliver oil emulsion. May I go still further, and be a little more more "vulgar?" May I say that an emulsion of the "oleomargarine" that is purchasable in the cellars of some hopeful grocers, is adaptable for forming the molecular basis of the chyle most beautifully? The United States Department of Agriculture has a bulletin covering this.

There is no joke about this. I am mentioning a straight scientific fact. The fact is this: Beef suet is emulsified and made more adaptable "for forming the molecular basis of the chyle" than is the average cod liver oil emulsion. Now there comes up another naked fact. The fat of cod liver oil, suet, or other emulsion does not penetrate into the veins and lacteals with active facility, but such facility may be required by the presence of other substances which may be chosen to abet the process. We illustrate this by the cottolene (suet and cottonseed oil,) by the oleomargarine (suet and lard,) by butterine (suet, lard and butter,) and as well, by the "cod liver oil emulsions" that are mixed and mussed with "hypophosphites." I think we all know this. If not, let us appropriate the knowledge. Fats are not crystalloidal substances primarily, but colloidal essentially, therefore their power of osmosis is feeble and not to be depended on. Then, an emulsion, to be of value, must have the aid of certain substances necessary to the process.

This, please note, is consonant with nature. The fat which is taken with the food is emulsified in the small intestine, but not without the aid of the pancreatic and biliary secretions, invariably. If I take an animal in the laboratory and establish a biliary fistula, it is easy to demonstrate that the amount of fat in the chyle becomes much less than normal, and the fat in the faeces much greater than normal.

By this we may all know that the bile plays an important role in the promotion of fat absorption.

I have said, and German authorities on "hammelstalg" (suet) are witnesses to the same fact—that suet is more adaptable, and therefore more nutrifying than cod liver oil. How, then, can we procure this adaptation best? By adding nutritious vegetable oils. Which? My experience has been as interesting as costly. I first tried cottonseed oil, and abandoned it. Then I took up olive oil, and it admirably served the purpose. To this mixture I added sodium phosphate, and at once choked my ideal. It was plain that facts alone must serve. Facts? And at this juncture a health board officer called, "Just to warn you, my dear doctor, that although you may be making it for your own consumption, the oleomargarine laws are very strict." I indulged in a smile. "Is it for your own consumption, doctor?" "For consumption," I replied,—pulmonary consumption. The "warning" was a peremptory "stop-it-ot-once."

After this episode I experimented quite extensively all along down the list of oils, having in mind the three points, (1) to address the utmost nutrifying power of the suet, (2) to preserve the mixture from rancidity, and (3) to make a palatable article. Olive oil filled the first requisite, oil of pimento the second, and palm oil the third. The preparation seemed to be eligible indeed, when I found that already I was anticipated and the emulsio sevi et olei comp. was available and adaptable to form the molecular basis of the dreams of physiologists. I had been in a similar box once before, I regret to say. Theophilus Hulett of Maine "invented the sewing machine" in 1891, and on going to Washington to obtain a patent, first heard of Elias Howe. Already the emulsio sevi et olei comp. was in hand, and I found it out as beef suet with olive oil to abet it, peanut and cocoanut oils to aid as adjuvants and render palatability, and pimento oil to preserve from rancidity.

Now, what will this emulsion do?

From that molecular basis—of course! The fat globules are exceedingly minute, and well behaved chyle finds it all of its own kind and character. It is absorbed and it is assimilated readily, constantly, perfectly. The nutrient principles are contained in a highly concentrated form. Now what do we mean by nutrifying properties? Or, in fine, what do Ranke, Simon, Gubler, Lehmann and others mean by that phrase? I will not answer, but instead I will make another important statement. I will say that it procures tissue changes without accumulation of fat in the tissues. Note the difference between this and cod liver oil. During a course of the oil the red blood corpuscles are increased and fat is deposited in the tissues. This deposit is abnormal, artificial. During a course of the emulsion, the red blood globules are increased just as rapidly, but there is no artificial deposit of fat in the tissues. But the blood being improved by the emulsion, that is, improved in quality, the tissues are much better nourished. There is where perfect, normal nourishment manifests: and with such nutrifying action the functions of the entire economy are performed with more vigor.

More need not be said. The emulsion is certainly the ideal form for exhibiting an adaptable and assimilable fat. But it will be said right here, "Is it digestible?" In the stomach? No; and I am glad it is not. It is not ingested for gastric sake, but for absorption in the small intestine. This we have proved over and over again in the laboratory. (I beg to deny Gubler's charge and to say that is not "wonderful.") One

other experiment adds interest. If in the laboratory we effect a biliary fistula (in a puppy), there is no appreciable diminution of fat in the chyle, and little deposit of fat in the faeces.

Have we not, then, a notably available instrument for opposing malnutrition, whatever its form?

CASE OF INTERSTITIAL NEPHRITIS.

By William B. Mann, M. D., 1570 Asbury Avenue. Evanston, Ill.

Patient—male—age 49, illness extending over a period of three and a half years; complained of constant headache, constipation, fetid breath, poor digestion, insomnia, and was in a very anemic condition. Examination showed enlargement of both liver and spleen, puffiness of face and feet. There were severe pains in the kidneys and difficult urination.

Diagnosis, interstitial nephritis, leading to spells of melancholia. These spells being so depressing at times as to cause him to sit for hours and sleep. Combined with these ailments he had copious offensive discharges from the nose and throat.

Quantity of urine voided during twenty-four hours was twenty ounces, or little more than one-third of the normal amount. Examination of the same revealed:

Pus corpuscles.
Hyaline casts
Tube casts.
Urea diminished by 50 per cent.

Examination of blood showed:

Red blood corpuscles 2,700,000, or about 50 per cent. of normal.
Haemoglobin absent.

Now I had a big job on my hands, and really wished he had called on some other physician for treatment. However, I told him to call next day for his medicine. (Being a registered pharmacist, I prepare my own prescriptions.)

As a starter, I gave him the following as a depurative, viz:

℞ Hyd. chlo. mit.
Quinine sulph. aa grs. xij.
Pulv. ipecac, grs. vi.
Soda bicarb, ʒij.
M. et ft. In capsules, No xij.

Sig. Take two capsules on retiring the first night and one every succeeding night until all taken.

As to a diuretic, the following:

℞ Ex. eupator purpur fl.
Ex. hydrangea fl.
Syr. gaultheria aa. ℥ij.
Pot iod.
Pot. brom. aa. ʒij.

M. et sig. Teaspoonful an hour or so after each meal.

He improved rapidly under this treatment, and when used up repeated the same. A week ago I put him on the following tonic:

℞ Strychnia sulph. gr. ij.
Ex. hydrastis fl.
Ex. cinchona fl. aa. ℥j.

Added to a bottle of Wampole's C. L. O. with hypophosphites.

Sig. A dessertspoonful three times daily an hour or so before meals.

The following was given as a douche for the nose:

℞ Per-ox. hyd. ℥iij.
Aqua camphora.
Aqua menthae pip.
Glycerine, aa. ℥iv.

Sig. Snuff a thimbleful up each nostril morning and night.

This patient was truly a pitiful sight to behold, from a man of over 200 pounds emaciated to 155, and at times on the verge of insanity. His improvement under the above treatment has been a surprise to all conversant with the facts, including myself. Of course I prescribed a proper diet from the beginning.

ALKALOIDAL THERAPEUTICS

This Department is conducted by A. L. Blesh, M. D., 709 W. Noble Ave., Guthrie, Oklahoma. Original articles, reports and notes on dosimetry are desired for this Department.

PILOCARPINE IN RHEUMATISM.

By A. A. Young, M.D., Newark, N.Y.

Rheumatism, as a disease, is the change produced by active biological processes of characteristic bacillae, or the immediate effects produced upon the system during the process of their reproduction and growth. There is a relation existing between the biology of this bacillus and uric acid formation; of the latter, as is well known, there is a superabundance. It remains as yet to be demonstrated whether uric acid is the product of bacillae development or whether their development depends largely upon the amount of uric acid present at the time and subsequent to the date of infection. The indications are that there is an intimate relation existing between the two, a disturbance of which may increase or diminish in the same ratio, the severity of the disease. To the assumption of pre-existing uric acid the writer inclines and on it bases a treatment.

The uric acid as found consists largely of minute amorphous spherules which can be changed readily by use of some of the salts of soda, especially the salicylate, into needle-like crystals, accompanying which there is an apparent improvement in the rheumatic condition, an improvement not due to uric acid elimination, but to the lessoning of uric acid irritation in the mechanical way; there must, therefore, be a predisposition to relapse for the only change that has taken place is the conversion of an amorphous mass into a crystalline mass, a less irritating substance, without farther increased elimination of it through natural channels.

Immunization may become the treatment of the future, and make of rheumatism a preventable disease, while at best now it is only a curable, or rather a modifiable, disease. Immunization may be the ideal treatment, but the full fruition of which may never be realized.

The attention of the profession is probably called to a case of rheumatism after infection has taken place and the germ completed a biological cycle and prepared for the office of reproduction of its species. The indications are, from analogy, that medicinal agents do not materially affect the spore or the perfect bacillus, but may modify the growth of the developing bacillus. If this assumption be true, then the treatment must proceed along one of two lines; the medicinal agents must come in direct contact with the germs and be their immediate destroyers, or they must eliminate from the system those elements on which their life-growth depends. To destroy the bacillus in situ without materially affecting other elements on which human life depends is scarcely concievable; the direct germicidal treatment may, therefore, be permissible but not advisable.

The eliminative method of treatment, under our present knowledge, appears to be the preferable one. If what has heretofore been stated be true, viz.: that there is a relation existing between bacillae development and uric acid, then a modification of this relation must modify the disease in like ratio. Such modification can be made by the use of that most ex-

cellent eliminative agent, pilocarpine, the administration of which produces marked perspiration, marked salivation, and in fact it increases the functions of all the excretory organs of the body; and in the excreta, especially from the urinary apparatus and skin, are found in one, an appreciable increase, and in the other the presence of uric acid or urates. As a uric acid solvent and eliminant it is par excellence, though it may not act as a bar to its formation. By the elimination of uric acid, a foreign element in abnormal quantities, an element the presence of which seems necessary for the development of the rheumatoid bacillae, they must lose in a measure their vitality and reproductive properties, and in like ratio must the severity of the disease be lessened; distorted relations mean distorted growths.

It is said that pilocarpine exerts a deleterious effect upon the heart; that it is a powerful heart depressant; to this assertion, from personal observation extending over more than 15 years I am prepared to make a positive denial. On the other hand, its action is believed to be beneficial on the heart by lessening the tendency to valvular complications due to uric acid irritation. Do not confound the action of fl. e. jaborandi with that of pilocarpine, for its action is modified by a poisonous element which of itself is a heart depressant. The alkaloid is, therefore, preferable to the drug, for following its administration results are more positive and uniform; and to promote uniformity and efficiency the hypodermic method is by far the best. As to the size and frequency of the dose to be administered the judgment of the prescriber must dictate, for as yet there is no orthodox rule, (and may there never be one, for physicians should ever exercise independent thought and action, never become machines, running smoothly when new, but rattle-traps when old.)

Illustrative cases will not be cited because of their limited number; the advent of birds does not make a spring, but may indicate its approach. Suffice to say from an experience covering a period of over two years the writer is led to believe that the pilocarpine treatment is far less dangerons and far more efficacious than the recognized and established treatment of past years.

A passing notice only will be given to those conditions known as sequelae; but in formulating a treatment these conditions must not be overlooked. If, as it has been inferred, that these conditions are produced by nature's efforts to cover up the fully developed bacillae and thus in a measure render them inert, then there is danger of the liberation of some of these bacillae and a reinfection take place, or in other words, another biological cycle will be produced. On this theory is the recurrence of rheumatism easily and reasonably explained. What then remains to be done is to approach immunization and prevent as far as possible active bacillae development. A rheumatic anti-toxin may become one of the medical triumphs of the future, but for it we must wait and during the interval approximate the ideal by drug elimination.

The above is part of an excellent article in the Charlotte Medical Journal and is of especial interest to the students of alkaloidal therapeutics, who read this department. We invite our readers to try this treatment and report results to the Recorder. Several physicians are now making observations on the actions of alkaloids, which have been mentioned in this department and will favor us with some original reports. We wish to make this department of value to every physician who reads it.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

WILLIAM HARVEY.

DR. ATKINSON'S OPINION.

In your July number, Dr. F. A. Beckel, on the authority of Prof. Virchow, states that the circulation of the blood was taught in Italy by Miguel Serveto in 1552; by Realdus Columbus prior to 1577; by Julius Caesar Arnzi prior to 1589: and that Andreas Caesalpini brought this doctrine to a complete demonstration prior to 1603. It is also stated that Harvey graduated at Padua, Italy, 1602.

It seems to be the purpose of this article to detract from the honor of Harvey; or, to be more generous, to publish information to enlighten the world. But the purpose is fruitless and the information void.

Harvey was born at Folkestone, in Kent, England, 1578, and died 1658. He discovered the circulation of the blood 1616–1619, and his great modesty prevented him from publishing his "Motions of the Heat and Blood" until 1628. Granting that Harvey left Padua in 1602, then, if he had obtained the alleged information there, he allowed twenty-six years of his life to pass before publishing his discovery, which is incredible. Moreover, Harvey being lecturer on anatomy to the College of Physicians of London, physician to St. Bartholomew hospital, and physician extraordinary to James I. and Charles I., was a well-known man; and as a result most modern authorities recognize in him the discoverer of the circulation of the blood.

J. G. Atkinson, M. D.,
Bristol, N. B., Canada.

DR. BECKEL'S REPLY.

Please accept this as an explanation of a letter from Dr. Atkinson, Bristol, N. B., Canada. If the doctor would have read in the January Recorder, the old sages say, "How to Gain Wisdom," he would not have been so scared over my historical chip in the July Recorder, '99.

The old man said "No man stands by himself, be he physician, scientist or artist. No man can think without having assimilated the thoughts of those who have lived thinkingly before him." If such a person does think, his thoughts, as a rule, are of no particular value."

If the doctor would have considered my rather short introduction to my historical chip, I hardly think he would have accused Prof. Dr. Virchow of so "horrid a crime," as to call the priority of Harvey in question.

It was Dr. Virchow's "grand uncertainty" on the priority of reflex motion and irritability that made me hunt up the case historically, and as I had to go over many volumes of authors, perchance, I got to the discovery of the immortal Harvey, who, like a true Englishman, "when his time came," clung tenaciously to his subject until fully understood. True to an old principle of mine, I also noted this down under the head of historical misgivings.

What the doctor tells in his letter about Harvey we all can find in a decent encyclopoedia, but not the following:

1st. Miguel Serveto, the noble martyr, who by the treachery of John Calvin was burned at the stake 1553, was born 1509, in Villa Nuovo, Ara-

gon, Spain. He graduated in Paris. See Allvoerdee's Historia Serveti, Helmstaedt, 1727. In the year 1552, also about one hundred years before Harvey, he wrote a book upon the circulation of the blood, "Christianismi-Restitutio." In this little book he gives about as clear an idea as a great many physicians have.

2d. Realdus Columbus explains the circulation well in his book "De Re Anatomica," liber vii, 1577.

3d. Julius Caesar Aranzi (Latin Arantius), born Bologna 1533, died 1589. His works on the Foramen Ovale, Observationes Anotomica and others, show that the blood after birth could not pass from the right to the left side but only by the heart through the vessels of the lungs, and thus he was preparing for the discovery of the circulation of Harvey. So stated verbatim by Dr, James Thacher (Medical Biography). Dear doctor, what do you think about the fine observation of Arantius, if you know anything about the Noduli Arantii Sive Giobuli, Valvuli-Semilunares, three of them and one on each valve right in the center (Feigel Anat. Wurzburg, 1837.)

4th. Andreas Caesalpini, in his two books on this case. Question es Peripat Liber v, ch. iv. The second book, Quest. Med. liber ii, Ch. xvii.

Caesalpinus was born in 1519, died 1603. He was professor of Anatomy, physician to Pope Clement VIII. "He appears to have approached (1571) very near to a knowledge of the circulation of the blood, pointing out the use of the valves of the heart and the course which these compel the blood to take during the contraction and dilatation of that organ, verbatim ab Dr. James Thacher. "My authority" for all this is the well known professor, Dr. of Med., A. L. Jeitteles, Emeritus Rector, University of Olnertz, in his deep thought-work. Who is the founder of reflex motion, etc.?

If the doctor would take the trouble of reading Dr. J. F. C. Becker, the circulation of the blood before Harvey, Berlin, 1831, may be he, like Becker, would find the germ of this doctrine in Galenus' works (Claudius Galenus, born at Pergamus, Asia Minor, 131 A. D.) He was a great mind and a deep thinker, which is very truly and to my heart's content explained by that brilliant minded, highly educated Dr. F. S. Dabney, of New Orleans, explaining Galens' thirty-six kinds of pulse.

5th. It is also a historical fact (Dr. Laurence Latin prologue to the college edition of Harvey's works, 1766; also Dr. James Thacher) that Harvey studied four years in old Cambridge, old England, and when nineteen years old went abroad to visit France, Germany and Italy. He matriculated at Padua, then the most celebrated seat of medical learning in the wide world, where he was created an M. D., 1602. On returning to England he repeated his graduation at Cambridge and settled in London as a physician. 1615 he was appointed lecturer on anatomy and surgery to St. Bartholomew's college, which was properly the more immediate cause of the publication of his grand discovery. The doctor speaks of great modesty, etc. (an Oxford talk). What has science to do with modesty? You will find the answer to this question in St. Luke's Gospel, ch. 8, verse 16.

I never intend to distract in the least from the glory of our medical ancestors, who were men—working men —who prepared, warmed up, kept in proper trim for us weak babies, proper food and tabled the same, for us to partake if we are not too lazy to open the mouth of our mentality.

What would we be without our medical ancesters? What are we without a thorough knowledge of medical history?

The doctor says he (Harvey), allowed twenty-six years of his life, etc. Yes, he did for good reasons, remem-

ber the parable of the sower, St. Mathew 13. Just so with the useful, "but rare" teachings at colleges. The soil represented by the perceptibility of the students' brain, the germination of the good seed depends entirely upon circumstances. Don't you see, dear doctor, so here, Harvey was made a lecturer on anatomy. Wasn't this the immediate cause of his grand discovery, i. e. did it not invigorate the seed sown in Padua?

The Lord has been lecturing many thousand years. The life is in the blood. Lev. 17:14, but nevertheless the powers of lives are not properly defined in the last speech of Virchow, in his grand oration at London, Oct. 23, '98, although duly taught about the time of the reformation by Paracelsus, which is recognized by Prof. Dr. Virchow, but not utilized.

No college can furnish brains where there are none. Brains are the free gift of nature. Colleges may grind and educate them, but they merely assist the gift of God to make Gladstones, Bismarcks, Harveys, etc. If colleges alone could do it; it is a pity that Cambridge or Padua did not create a few dozen more of Harvey's mind. And then on the forgetfulness of historical priority, we have a striking example at the present. There is a book published in Chicago "on the Ganglion system," a fine spun, well elaborated work, to my knowledge the best for only English reading medical students—One hundred and fifty years ago a certain Dr. Bryan Robinson imparted knowledge on pulsation, etc. (But where am I going?) The author of this new book assumes the responsibility of being the inventor of the name "abdominal Brains" for the ganglion system. Prof. Feigel, of Wurzburg, 1837, in his deep-thought work of anatomy, on page 561, says: "Abdominal gehirn" s. "Plexus Solaris," s. "Semi lunaris," "Cerebrum abdominale," and after all this work is one of the best. Because it expresses the deep thoughts of both Professor Feigel and Dr. Geigel.

Now, my dear reader, I will tell you how I got into all this trouble. By the kindness of somebody I received the Medical World, of August, 1899. Among many other good things, I found a "Reply to Querkus." The real common sense reply amused me so that I took an interest in the writer, and so sent him a Recorder of July, 1899, containing my historical chip on page 165. Not a rebuke, but merely gentle reminder not to overstep enthusiastically the proper line between the benefit of a classic education and empiric guess work. What I think of Harvey is defined in the April number, 1899, where I call him the "Morning Star of the Century."

Now, Mr. Editor and dear readers, kindly forgive my shortcoming and somewhat lengthy explanations, and think the matter over.

Yours with kind regards,

F. A. Beckel, M. D.,
Sheboygan, Wis.

SEXUAL DEBILITY.

HELP WANTED.

Patient, a young man, age twenty-five, single, has been ailing thirteen years; at ten had began the habit of masturbation, which he kept up for nine years almost daily. He had gonorrhoea and gleet seven years ago, varicocele on left side and has emissions two or three times per week; extremely week digestion, mental depression, insomnia, fear of society or anthropophobia, nervousness, weakness and great irritabilsty and flushings of the face. The urethra is hyperaesthetic and lips of meatus congested. He has all sorts of dreams at night, also when under the influence of sedatives. He has been

treated by specialist quacks and taken cure-alls and nearly all of the standard remedies, without any relief whatsoever. If any of the readers or the editors of the Recorder can give me any suggestions that will in any way aid me, I shall thank them very much.

W. H. G., M. D.
Georgia.

This case is one of a class, which all physicians meet and which they should study to handle successfully. We referred this inquiry to Dr. Speier, and give below his helpful answer. This opens this subject for discussion, and we shall be glad to have our readers express their opinions on the subject.—[Ed.

REPLY.

The doctor has indeed a troublesome case on hand, one of the kind that will come to every physician, making his life a burden until it passes on to the next man. Medicinal treatment can do very little for this patient; the treatment must be mainly moral, mental and hygienic. Save him from the advertising quacks! They generally send their sensationally scientific writings one after another to such a poor fellow, as long as there is a dollar to be scared out of him. Be sure that this pernicious literature is not read any more, but promptly thrown into the fire. Then make him understand that he is not by any means a moral outcast, that his manhood is not irretrievably lost, that he may well recover from the effects of his indiscretions and become a respected and self-respecting man and father.

Make him see, too, that he has already taken too much medicine and secret nostrums, perhaps the cause of his weak digestion. Brace up his moral backbone in any way possible; bring him into the society of virtuous, high-minded young women. Above everything, have him abstain from alcoholics and tobacco; keep him away from saloons and drunken companions. Turn his mind to standard literature, fiction as well as science. All this is really a sort of suggestion, which might be made more potent by the use of hypnotism.

If hyperaesthesia of urethra depends on an uncured gleet, it will have to be attended to properly, but I would say the fellow masturbates still. If there is no stricture, the less handling, injections, etc., the better. Very warm sitz baths will relieve the local congestion and irritability. You will probably have to give him some medicine, or he will not believe he receives any treatment. I should rather give him gentle tonic stimulants instead of sedatives.

I order for such patients a shower bath given every evening, just before going to bed, the colder the water the better. Follow it up by brisk rubbing with coarse towels until the skin is in a healthy glow. The least possible amount of covering on the bed and I don't think your patient will be troubled by insomnia or bad dreams. Plenty of open air exercise in the day without fatigue and simple, wholesome food, letting alone tea and coffee. But at best, doctor, your case will continue to tax all your ingenuity.

H. Speier, M. D.
Janesville, Wis.

Professor Robert Wilhelm Bunsen, the eminent chemist, died recently at Heidelberg, aged eighty-eight years. He has had a long and brilliant career as a chemist, and his name is a familiar one to scientific men. Bunsen's greatest work dates back forty-three years, when, with his master, he shared the honor of laying the foundations of spectroscopic astronomy, to which we owe the whole of our knowledge of the chemical constitution of the sun and stars.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor.

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Society news and reports and items of interest are gladly received

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STOMACH DISEASES.

Americans, owing to their habits, are subject to stomach diseases to a great extent. The proper diagnosis and treatment of stomach diseases is a most important matter to be considered by medical men of this country and has now become a distinct department of practice. Methods, in the last few years, have changed so that now as exact a diagnosis of stomach trouble can be made as of the eye. Many new instruments and appliances have been devised and many new ways of treatment developed so that today the treatment of chronic stomach diseases is a promising field,

In order to present something of value to our readers, on stomach diseases, we have arranged with Dr. W. B. Metcalf, of Chicago, to prepare a series of articles. Dr. Metcalf is an authority on the subject and has had an extended experience in this field of work. He is a leading specialist on stomach diseases and has done considerable original work in this branch. We are sure our readers will read the articles with pleasure and profit. We expect to start this series in our October number.

MEDICAL HISTORY.

While medical men are interested in the practical side of the work, and seldom give much attention to medical history, yet it is a subject of importance to all physicians. We live in a different world from our fellow citizens; our thoughts, work and reading are largely in this medical world of ours. Then, how important it is that we should know something of the history of medicine. No physician's library is complete without Dr. Roswell Park's Epitome of the History of Medicine.

In the columns of the Recorder Dr. Beckel has presented some historical articles, which touch points of interest. He has presented historical facts, which are difficult to find and which take labor to place in useful form. The Recorder is a practical journal, but we believe the space we are giving to historical discussions is justifiable and will be appreciated by our readers.

Dr. I. N. Love, of the Medical Mirror, has been saying some very unkind things about Dr. Geo. M. Gould, of the Philadelphia Medical Journal. While Dr. Love has expressed his views in strong terms, yet he has had good reason for it. When a man attempts to dictate the policy of all the journals of the country, and to hold his own up as an example of purity, he is apt to get into trouble. At the same time that Dr. Gould has been calling other journals names for carrying proprietary medicine advertisements, he has carried in his own journal the advertisement of at least one remedy, which is advertised in the public prints as a panacea for many of the ills of mankind.

ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

The kissing bug has proved to be a hum-bug.

Irisol ointment is a preparation which has a beneficial action on varicose ulcers.

Maltzyme holds more firmly than ever its reputation as a leading malt preparations.

The Acme Hygienic Couches should be in general use, as they are truly hygienic as well as most comfortable.

It pays to have the best appliances in obstetrical practice. The physician who uses Sims' obstetrical brace and Kellogg's funis ring applicator will do better work and more work than his less progressive neighbors.

Dr. L. G. Walker, of Pound, Wis., says: Dr. Davis' solvent for gall-stones has acted wonderfully well with the patients I have just treated, and now I have full confidence in the remedy as being the most reliable, safest, producing prompt relief in that most distressing and painful disease, known as gall-stone colic.

Passiflora is still growing in popularity. Physicians of the great West are becoming better acquainted with passiflora incarnata and the wonderful effects it is having on insomnia, neurasthenia, tetanus is being made known by the physicians in all parts of the country. Daniel's concentrated tincture passiflora seems to be the leading article of this preparation.

The regular meeting of the Central Wisconsin Medical Society will be held in the City Hall, Baraboo, Tuesday, September 26th. The local committee of arrangements has prepared an attractive program, which assures a good meeting.

The program of the meeting of the Mississippi Valley Medical Association has been issued in neat pamphlet form. The meeting will be held in Chicago October 3 to 6, just before the autumn festival. An elaborate program has been arranged, which embraces papers on all branches of medicine and surgery. A series of clinics from Sept. 25th, to Oct. 14th has been arranged for those attending the meeting. These clinics, about 140 in number, will be held at the various Chicago hospitals and colleges. The clinics have been so grouped that visitors may spend the entire forenoon at one hospital and the afternoon at another. Where the time of clinics overlaps, the committee has, as far as possible, aimed to parallel clinics on medicine and surgery.

Dr. A. W. Beketoff (American Journal of the Medical Sciences, August, 1899,) has made use of heroin in the treatment of twenty-five patients, suffering from tuberculosis, in dose of one-tenth of a grain in powder or pill. In about fifteen minutes after its administration cough ceases and sleep is possible. The respiration, especially when increased by coughing or pleuri-

tic pain, is slower and deepened. In case of disease of the heart, or oxygen hunger from encroachment upon the respiratory area (large cavities) this remedy is of little or no value. It has but little influence upon the circulation as regards either frequence or fulness, further than that respiration is benefited. It relieves chest pain, and so favors sleep. Insomnia, due to mental excitement, is not markedly relieved. It is well borne, even if digestive disturbances exist. It is indicated in the treatment of haemoptysis because of its beneficial action on cough. Patients do not become readily accustomed to its action, and it may be administered for a month without necessity arising for increase of dose.

Dr. T. H. Renn, of Chicago, says of his experience in treating middle ear disease: The introduction of the vibratile fn the treatment of deafness and tinnitus aurium (ringing in the ears) may well be said to have completely revolutionized aural therapy. Cases that in no way respond to the ordinary treatment, such as insufflation and catheterization of the middle ear, galvanic or faradic currents, in the hands of the specialist, ordinary practitioner or laity, are at once amenable to the vibratile after a comparatively few sittings. All cases of deafness and tinnitus aurium (ringing in the ears) are due to chronic inflammation, excepting those that are due to a traumatism or some of the specific fevers. The seat of the inflammation is found in various places. It may be found in some cases in the cerebral center, the auditory nerve, the middle ear, the internal ear, involving the small bones or the semicircular canal, the tympanum or the eustachian tube. The primary cause of the inflammation may differ in different cases, but the result is always the same, viz.: First, there is a congestion of the part affected, followed by an increase in the connective tissue elements. This is followed later on by a contraction of the new tissue cells with a consequent anaemia, atrophy and loss of function of the affected part. It is for this condition per se that the vibratile has been designated. The moving slowly back and forth over and around the affected area of the rapidly moving vibrating arm of the vibratile (5,000 times per minute) results not only in a stimulation of the cutaneous capillary circulation, but also in that of the deeper tissues, causing an absorption of the new cellular tissue that has been thrown out as a result of the inflammation, stimulating the tissue to a healthy reaction, reproducing healthy cells, with a resumption of their normal function. In any of these forms of deafness (or tinnitus aurium), except the first mentioned, which involves the cerebral center and is the result of one of the two mentioned causes (trauma or one of the specific fevers), the result of the use of the vibratile is both immediate and gratifying. Tinnitus aurium (ringing in the ears) is usually relieved in the very first or second treatment. Cases in which pain is a component factor show us the best results, producing an effective counter-irritation, resulting in a healthy anaesthesia of the nerves affected. To any one having used the vibratile in any of these cases it is at once apparent that this is to be the treatment of the future in cases of deafness—simple in its application; unannoying, cleanly and painless to the patient; wonderful and gratifying in its results to both physician and patient.

J. L. Sammons, M. D., Calis, W. Va., says: I have used sanmetto in cases of catarrh of the bladder and en-

largement of the prostate gland with great success. In fact, I never saw anything so near a speciffc. Henceforth I will not be without sanmetto. Saw-palmetto and sanmetto substitutes with the "same formula" do not act nearly so well. I therefore, with pleasure, recommend sanmetto to the medical profession.

An interesting reference to an extensively prescribed remedy is found in that valuable text book "Materia Medica and Therapeutics" by Finley Ellingwood, A. M., M. D., Chicago. The substance of the article is to the effect, that the influence as a pain reliever of the popular analgesic—antikamnia—is certainly next to morphine and no untoward results have obtained from its use, even when given in repeated doses of ten grains (two five grain tablets.) It is especially valuable during the progress of inflammation, and given in pleuritis or peritonitis it certainly abates the inflammatory condition, relieves the pain at once and the diffused soreness shortly, as satisfactorily as opium. It does not derange the stomach or lock up the secretions. It is also of value in pain of non-inflammatory character, and is a convenient and satisfactory remedy in headaches without regard to cause, if the cerebral circulation be full.

Santaletto cordial, as made by H. M. Merrell Co., of Cincinnati, is a remarkably successful remedy in inflammatory conditions of the genito-urinary tract. It is a combination of fresh corn-silk, saw-palmetto, staphysagria and sandalwood. It is absolutely pleasant to taste and will not nauseate even a most susceptible stomach. In cystic, and prostatic inflammations, and in all cases where there is a muco-purulent discharge, it acts promptly and effectually. In the atonic cystic and prostatic troubles of the aged, its influence is most beneficial.

The makers will gladly send any physician a full pint bottle, prepaid by express to any point east of Denver, on receipt of the price (75 cents.)

La Grippe, Its Manifestations, Complications and Treatment, is the title of an article by W. W. Grube, A. M., M. D., of Toledo, Ohio, professor of physiology and clinical medicine, Toledo Medical College, Toledo, Ohio, in the Journal of the American Medical Association, of which the following is an abstract:

Professor Grube sees no reason why the intelligent observer need err in his diagnosis of la grippe; he believes that the intensity of the catarrhal symptoms, the great prostration, and tardy convalescence form a typic clinical picture. Though the catarrhal symptoms are usually limited to the respiratory mucous membrane, they are not always so, and in the writer's experience the invasion of the mucous membrane of the digestive tract has been quite frequent. Not alone mucous membrane, but a part or all of the cerebro spinal axis has been invaded. In many cases the so-called complications are simply an extension and aggravation of the catarrhal or inflammatory condition; thus an extension of the usual inflammatory condition of the throat through the Eustachian tube produces middle-ear complications; the bronchitis, too, may extend and become capillary, or even a pneumonitis may result. So we believe that in the so-called abdominal form with severe gastro-enteric catarrh, it may extend by contiguity and inaugurate a general peritonitis. Upon this theory alone can we explain the supervention of a severe general peritonitis in a case under our care, now happily terminating in convalescence. The

patient was a girl of 11 years who had never been seriously ill before. Twenty-four hours after the illness began, she had, besides the usual alarming symptoms of la grippe, a high temperature, wild delirium, constant emesis, frequent and copious discharge of feces and urine. The appropriate remedies were prescribed, the vomiting ceased and she rested; but on the third or fourth day she developed symptoms of peritonitis, abdominal pain, hardness and some tympanites, etc. Calomel was prescribed, twenty grains divided into four powders, one every three hours; also the usual turpentine stupes, morphia to quiet pain, etc. The next day, finding no improvement, but rather aggravated symptoms, green vomit, bowels not moved—a very gloomy prognosis was given, and at the family's request a consulting physician was called, who concurred in diagnosis and prognosis, and had nothing more to suggest. On the writer's return in the evening, however, he decided in view of the great mortality of these cases by the routine treatment, to try the local application of a mustard poultice; also, for their germicidal, antiseptic and healing qualities, he gave internally hydrozone diluted, in frequent doses, alternating with doses of glycozone. In twenty-four hours there was slight improvement. In forty-eight hours the patient was decidedly better. Improvement continued, and the girl was so well February 21 that she was dismissed as cured. Perhaps the most common complication in children is the middle-ear inflammation caused by extension of the pharyngeal catarrh up the Eustachian tube into the tympanum. In the case of a child six months old, recently under our care, we had a middle-ear complication; in which the pain was controlled by the usual methods and by the instillation into the aural canal of a few drops of cocaine solution. After suppuration occurred, however, the canal was cleansed by hydrozone solution (warm), and a piece of absorbent cotton saturated with glycozone used as a dressing by inserting it into the canal. As the ear complications sometimes prove very serious, it is gratifying to know that in the above remedies we have a safe, speedy and effectual method of cure. We believe also that, if these cases were seen early, by proper treatment the extension and consequent complications might be prevented. In a little girl with severe tonsilitis and pharyngitis we are now spraying the throat with diluted hydrozone and applying glycozone with such marked benefit that on this, the third day of treatment, she is almost well. In concluding, Professor Grube states: "I cannot refrain from referring to the case of a prominent city official who had an unusually severe attack of la grippe. All the structures of the nasal cavities were involved in a severe acute catarrh, which progressed to the stage of suppuration. Enormous quantities of pus were secreted, and the location and intensity of the pain led us to fear involvement of the antrum. However, the free use of hydrozone solution by spraying, and the application of glycozone soon cleared up the cavity, and in a few days complete cure resulted."

Prof. Eichhorst, of Zurich, after a very extensive series of tests, reports that he finds kryofine a febrifuge which both in effect and in safety of action out-rivals the antipyretics in use before this.

He has obtained favorable results with it also in phthisis, diphtheria, tubercular meningitis and ulcerative endocarditis. As an analgesic he recommends it very highly, and in some instances classing it above phenacetin, antipyrin and exalgin. These observations of a most conservative man,

have been abundantly confirmed by eminent American clinicians, and the rapidly accumulating literature is an indication of the wide-spread use and of the therapeutic value of the drug.

The bichloride of mercury is an inefficient germicide in the presence of grease and hence it is essential to first remove the latter by means of alcohol, ether and like solvents. Albumen forms an insoluble precipitate with this form of mercury, so that the resulting compound is practically inert. Hence the value of albumen as an antidote to corrosive sublimate poisoning. It has, however, been found that the albuminate of mercury in soluble form, as presented in the neutral soap known as sapodermin, is a powerful germicide with marked penetrating properties. At the same time it is non-irritant, non-toxic and non-corrosive. The soap is made of the purest materials and is so formulated as to make a good nutrient to the skin. Sapodermin is used for general antisepsis and is also of especial value to the dermatologist in the treatment of all skin diseases due to parasites.

We have all felt the need of a department of public health, but there are some phases of the subject which have not been discussed by the medical journals. The Chicago Post handles the subject pointedly and says: Our distinguished friends, the physicians, are now very properly clamoring for their rights. They assert, and with much justice, that the grand department of medicine should be recognized in the presidential cabinet and that a cabinet officer shall be chosen with the title of secretary of public medicine or secretary of pills and potions. At first this sounds most alluring and feasible, but as we consider the proposition certain obstacles present themselves which seem insurmountable. The first clash will come between the allopathists and the homeopathists, and this would be followed by the opposition of many of our most cultured and enlightened citizens who strongly contend that all medicine is an abomination to the flesh and is not entitled to public recognition. And it might happen that a president-elect is a believer in mental science which would involve new complications. We all know that every voter swears by his doctor —when he does not swear at him— and we fancy that with the adoption of this new suggestion the old party lines would be forgotten and the burning issue of the campaign would be the election of a president with a leaning toward allopathy, homeopathy, osteopathy, the faith cure or mental science. Are we ready for such an upheaval of existing conditions? We fear that we are not.

Sodium salicylate is used by many practitioners in pneumonia and influenza with excellent results. Dr. W. C. Sebring says of its use in pneumonia:

1. In the beginning of the attack it quickly quiets the tumultuous pulse.

2. It acts as a sedative to the general nervous excitement that is prevalent through that period; indeed, it seems to act as a hypnotic all through the course of the disease in many instances, as a fair proportion of the patients have slept a major part of the time until recovery had become well established.

3. It almost surely and quickly gives relief from the pleuritic pains.

4. It seems to inhibit the manifestations of malign mental symptoms. Thus far none of the patients have developed the least delirium after beginning to take the drug except the first, and five cases of drunkard's

pneumonia in which the delirium preceded the disease.

5. The pulse remains full and not over-rapid to the end, except in one case; cardiac symptoms due to the disease itself have been unnoticed and symptoms of a "tired heart" do not occur often.

6. After the first few doses of the drug, the patient will perspire freely as long as the diseased condition of the lung persists, but either from this cause or from some other that the author is not cognisant of the temperature seldom exceeds 103° F.

7. The cases will show a far smaller percentage of complications than is usual.

8. In nineteen out of twenty cases the disease will subside by lysis.

9. The length of time required for recovery is less than is the rule with patients that recover under the usual treatment and by lysis.

10. The infected lung tissue progresses to resolution more slowly than it does with the average case, though complete recovery from the attack—that is, return to normal health—is more expeditious.

11. There is a marked diminution in the severity of the disease, all conditions being taken into consideration.

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The term, "Bright's Disease" covers chronic parenchymatous nephritis, interstitial nephritis, and amyloid kidney. These diseases are difficult to treat and whatever promises relief should be considered. Dr. T. J. Biggs, of Stamford, Conn., says of the treatment of chronic Bright's disease: It is to be borne in mind that the course of a case of chronic Bright's disease is not continuously downward. Periods of remission often follow the most aggravated symptoms; the patient and his friends being buoyed up by the hope of an early and complete recovery, when, as suddenly, an attack of acute uraemia terminates life. Rest and diet are the most important elements in the treatment. To eliminate the uric acid, diaphoretics and diuretics should be given with care and discretion. Alcoholic stimulation should be avoided. A patient with this disease should, as far as possible, be relieved from all cares of business, and spend a goodly portion of time in bed. Great care should be taken to avoid taking cold. The diet should consist of something that will thoroughly nourish the patient and at the same time give the stomach rest. A large experience in the treatment of these cases has convinced me that bovinine is the remedy "par excellence." It not only supplies to the system every element of nutrition, requiring little or no digestion, but checks the waste of albumen and prevents the overgrowth of the connective tissue, thereby aiding the kidney in its restoration to normal, as nothing else will do. It should be given in doses from ten drops to a wineglassful in milk, from one hour to three hours apart, according to the age of the patient and the severity of the case.

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Dr. Harold Bailey, of Charles City, Iowa, in an address on our obligations to the public, makes some interesting remarks. The following is from the address, as published in the Iowa Medical Journal: When as intelligent and educated a man as Harold Fredrick, stricken with disease, will lie down on his bed in the city of London and refuse all medical aid, preferring rather to let his life slip away from him by the "power of suggestion," then we can easily realise that the public is not able to take care of themselves. I am not criticising Christian science. We all believe in the power of suggestion. We all use it in our practice. The scientists are on the wrong track. They don't strike at the fundamental cause of

disease While they are busy suggesting to the patient sick with pneumonia that his lungs are all right, the pneumococcus is also busy trying to convince him to the contrary. Let them turn their powers of suggestion from the patient to the pneumococcus. When they can succeed in convincing him that the lung is not a suitable place for him to live, then they can cure pneumonia, and they won't succeed until they do. And so we find that the public stands in need of our protection. We must protect them from disease and we must protect them from ignorance and experiments at the hands of so great a multitude of quacks that travel over our state clothed with the title of a "doctor." We have a heavy responsibility thrust upon us. We have a trust to fulfill. Are we fulfilling that trust or are we existing quietly from day to day and entirely overlooking our obligations? We have two courses of action—education and legislation. We must educate the public. That will take time, and during that time our state is being overrun with incompetent and disreputable practitioners. First let us turn our attention to our senators and representatives and educate them. They need it. When we have seventy-eight legislators who voted for a bill permitting anything so absurd and ridiculous as the theory of osteopathy, then it is high time we were exerting every effort to enlighten them along the lines of medical legislation. The great majority who voted for the passage of that bill were ignorant of the principles of osteopathy, and the physicians of the state are largely to blame. They took no steps to enlighten them. I am firmly convinced that if the resident physicians in the various districts of our state had called the attention of their senators and representatives to the dangers and fallacies of such a bill, it never would have become a law.

GLEANINGS

FROM RECENT MONOGRAPHS.

THE VOICE CRYING IN THE WILDERNESS. By S. D. Tobey, M. D., Oakland, Ia.

This monograph contains many good points which our readers will appreciate. It is reprinted from the Western Medical Review and is a neat booklet with the author's portrait. Dr. Tobey says:

When John the Baptist was preaching in the wilderness he antagonized the preconceived ideas of the whole world. The Pharisees, the Sadducees, and Essenes represented at that time the wisdom of the Jewish nation. These flocked to John's preaching and assailed the new gospel with critical questions. But this herald of good tidings did not stop to argue with them He realized the fact that they all embodied certain truths mixed with fatal errors, but he also saw that they had progressed after truth as far as the state of knowledge and the advancement of civilization would allow at that period. So he cried, "There cometh after me one mightier than I, whose doctrines will embrace all of the truths you now preach, and at the same time will eliminate from all creeds, the errors with which prejudice and superstition have clouded your understanding." Thus arose the redeeming doctrine of charity to all mankind,—a doctrine that was to prove itself superior to all the dogmas of the former ages.

What was true of the moral and religious world at the beginning of the Christian era was also true of the science of medicine during the first half of the nineteenth century. There were Pharisees and Sadducees and Essenes in the so-called medical profession, and they spent a great portion of the time in discussing abstract theories of phlogiston and antiphlogiston and

later on quarreled over the comparative merits of homeopathy, hydropathy and eclecticism, until a feeling of bitterness toward their opponents actuated them more than a desire to benefit the human race. While there may not be heard a voice like that of John the Baptist crying in the wilderness, yet there is heard all over the land a cry that the rational art of healing is as much mightier than all the opathies and isms of the last generation as was the new religion foretold by John superior to the vagaries of heathen philosophy. Modern rational medicine grasps truths wherever they may be found. If empiricism discovers that a drug produces a certain favorable result, modern intelligence is not satisfied to know and record the bare fact. Close investigation must discover the rationale of the healing process. Chemistry, microscopy, the penetrating rays of the electric current, all are called into requisition, and a valid reason must be found before the results are finally accepted as the teachings of science. While rational medicine is conservative, and no longer jumps at conclusions, at the same time it hesitates not to reach out in all directions for facts, and considers nothing improbable or mysterious simply because the mind as at present constituted has not been able to comprehend the primal cause thereof.

Before we convene again as a society we will be writing upon our prescriptions the date of another century, and the possibilities of the twentieth are vastly greater than the actualities of the nineteenth. We have but just reached the verge of the true region of rational medicine. We have already eliminated from our code many of the superstitions which pertained to the practice of medicine even within the recollection of some present today. The time is coming when there will be no more mystery about the action of drugs upon disease than there is in raising a crop of corn or wheat. Then true medical men, drawing their inspiration from the same source, will no longer indulge in rivalry of nomenclature, but in that of brains. Fifty years ago the New England Baptist preacher would rather have seen his children attend a theatre than a Methodist meeting; and in those days the theatre was nothing less than the temple of Satan. So in more recent times the hydropath, homeopath, and the eclectic were looked upon by those of us who claimed to be regulars as little better than quacks. Any recognition of them in consultation would have been beneath the dignity of the profession. But the educated doctor of to-day yields to no class of men the monoply of the title eclectic. He reaches out into the fields of discovery and what he has found to be of benefit in his practice he appropriates.

Did we speak lightly of the pack sheet and shower bath of the old water-cure doctors? We have out-Heroded Herod himself in this regard. The manner in which our typhoid patients are plunged for fifteen minutes several times a day into a bathtub filled with cold water would have astonished even the most sanguine water-cure advocate of sixty years ago.

We no longer sneer at the 30th dilution of our homeopathic friends. In fact, their colleges are presided over by eminent and highly educated professors, and the progressive disciple of Hahnemann is perhaps as near hearing the voice in the wilderness as his more regular compeer. Besides all this some of our more advanced alkaloidal students are treading dangerously near homeopathic soil with their 1-300 of a grain doses. Even the Woodbridge method of treating typhoid fever, which no one ridicules and which some of us have tested with favorable results, has as one of its doses a tablet containing podo-

phyllum resin grs. 1-960. I am not certain that antitoxin serum is not an illustration of microbic attenuation and of the principle that underlies the motto, "Like cures like," more potent than Hahnemann in his wildest flights of fancy ever dreamed of.

Up to the present date there are no absolute rules of treatment for any disease, the observance of which would entitle a man to be styled a "regular of regulars." If this were not true, our friendly discussions in these meetings would be useless. But there are certain distinguishing traits of character that all physicians will display. We can always prove ourselves to be gentlemen in our intercourse with our fellows. If a disgruntled patient of another summons us, it is not always necessary to rush into the sick room without notifying the attending physician, and then declare that a few more doses of the medicine on hand would have placed the unfortunate subject beyond the aid of our superior skill. This may be true; but the voice crying in the wilderness in the twentieth century will say, "If thy brother be in error, reason kindly with him, and by proving yourself his friend, render him friendly to you and thus help along the era of true brotherhood."

Has your brother been unfortunate in some of his surgical or obstetrical cases? Don't advise the patient's friends to bring a suit for malpractice in order that you may pose as an expert upon the witness stand. No; rather examine the edifice which you yourself have built up by long years of practice, and see if there is not somewhere in the structure a fragile exposed portion of glass, which should admonish you not to throw stones at your neighbor's house.

Are you summoned to a neighboring city to assist in performing a delicate operation? Remember that you no longer lose in dignity by associating in council with an educated disciple of another school. Neither does the absolute dictum of professional ethics longer prohibit such consultation. Indeed, you will be fortunate if you do not find your brother as well or better posted than you in your own specialty.

Medical ethics will require of the next generation of physicians that they be gentlemanly, courteous, kindly affectioned one to another, and full of charity to all mankind; and it is but reasonable to expect that they will look back to those of us who have borne or are now bearing the burden and heat of the day, as examples to follow. Notwithstanding the disadvantages you have labored under from the unsettled condition of medical science during the century about to close, each of you has lived a life of self-denial, of hard, unremunerative labor, and unappreciated charity to the unfortunate. You have not, like your religious neighbor, the merchant, required a cash payment or a county order from suffering humanity, before you would stretch forth your hand in relief. Every one of you has at times acted the part of a true hero, though unheralded as such to the world. But you have also listened to the voice in the wilderness and have learned not to expect perfection in this world. Whenever you shall reach this sublime stage, there will no longer be any need for doctors and you will be entitled to free transportation to that land where "there shall be no more death, neither sorrow nor crying, neither shall there be any more pain, for the former things are passed away."

Modern Possibilities in Chronic Catarrhal Deafness. By Sargent F. Snow, M. D., Syracuse, N. Y.

Close on the discovery of the anæsthetic properties of cocaine, came the improved facility with which the nasal

and post-nasal passages could be made healthy. Following along this line, it was found that acute and sub-acute cases of catarrhal deafness were very much benefited and usually promptly cured, by improving the condition of the membranes of the nose. In the more chronic cases, we were often taught that if, after inflation, the hearing were not improved, or if, after a course of treatment by generally accepted methods for six weeks, the patient showed no material benefit, it was a hopeless case and wrong to encourage him to continue farther. With this point we could take issue, for in most chronic cases of catarrhal deafness, a six or eight weeks' course of treatment will not, to much extent, improve their hearing power; whereas, a thorough removal of pathological conditions within the nose and adjacent cavities, followed persistently from month to month, and if necessary from year to year, by proper stimulating sprays to the nasal membranes, and vapors through the Eustachian tube to the middle ear will, in a good percentage of cases, tone up the parts and bring, if not a complete cure, happy results.

Many a time we have followed the old rule, given the six weeks' course of treatment, discouraged our patient, and sent adrift what, in the light of present knowledge, would be a favorable case, to become the prey of some enterprising quack.

Another tradition handed down to us is, that if we find bone conduction diminished, the prognosis is unfavorable. In not a few instances this has proved to be an unreliable rule, the neuritis clearing up promptly with the removal of tubal and tympanic trouble.

The question does not seem to be so much whether we have an atrophic or hypertrophic condition, but did the deafness primarily occur as a catarrhal inflammation, or is there so much fixation of the ossicles as to preclude a possibility of relief except through operative procedures?

If examination shows that the trouble be a catarrhal process, and there is a chance of stretching adhesions, absorbing inflammatory products, etc., with the patient's faithful co-operation each year's added experience has given us more courage to make a favorable prognosis.

Many practitioners are opposed to the treatment of deafness in particular, and catarrhal affections in general. The influence is felt in families, and in those cases where prompt, energetic measures are imperative, may become pernicious. Their opposition is honest and comes from the unfavorable prognosis given by authorities for whom they have great respect. We maintain that the conclusions of these authorities were based on experience obtained under auspices much less favorable than the present; their every effort on the ear was hampered by recurring catarrhal inflammations which to-day we can, in a great measure, control.

Treatment of catarrhal deafness may be divided into three stages: (1) The stage in which the necessary nasal operations are done; (2) the stage in which we await the result on nasal and post-nasal membranes of the operative work, relieve tubal occlusion; (3) that stage where we find that we have at last succeeded in building up the membranes so that they have more inherent power to throw off inflammations. This is a period at which, for lack of perseverance, but few cases arrive, the period attended by so many discouragements that both the physician and patient are put to the test; but it is the only period in which we can satisfactorily apply treatments to the middle ear.

In the first or second stage of treatment in these hard cases, little gain in hearing power need be expected; if

some be obtained it is usually transient, though it seems best to carefully inflate and vaporize the middle ear at each favorable opportunity. With that great army of chronic cases showing a lesser degree and shorter duration of deafness, correspondingly easier and quicker results will be obtained.

The tendency to gradually drop back to their old state if left to themselves, will depend upon their physical condition, climatic environment and the relation we get their membranes to bear to the normal. With moist atmosphere and sudden variation of temperature, care may be necessary, but numerous observations show that this is not a great hardship, as the relapses become less and less frequent.

As to methods and means adopted, we shall offer nothing particularly new, but would say that for reducing congestion, or restoring tone to the membranes, a light spray of iodole and ether, two grains to one ounce (see "Headaches from Nasal Causes," by the author, The Medical News, July 10, 1897) sometimes applied to the nasal and post-nasal membranes, and a vapor of camphor and iodine carefully and thoroughly injected through the Eustachian tube into the middle ear appears to be very serviceable. (See "Diseases of the Ear," Dench, page 310).

Finally, "Modern Possibilities in Chronic Catarrhal Deafness" appear much enhanced by the enlightened work being done on pathological conditions within the nose. An unfavorable result from a six or eight weeks' course of treatment is not a safe criterion for prognosis.

Nature is a prompt and ready assistant, if she be unhampered by co-existing nasal inflammations; and with practically restored normal membranes, the problem becomes one amenable to treatment.

THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

TRANSACTIONS OF THE STATE MEDICAL SOCIETY OF WISCONSIN, for the year 1899, volume 33.

The annual volume of the State Medical Society has just been issued and is before us with its usual wealth of good papers. The members of the State Society have been endeavoring for some time to present and discuss the best papers possible and the society issues a yearly volume of which any society may be proud. This year's volume contains 569 pages and is well printed and nicely bound in cloth and shows the careful editing of Secretary C. S. Sheldon.

The volumes of transactions are valued additions to the libraries of the members. One improvement would be the addition of an index, so that any paper could be readily found, when wanted for reference. An addition to this year's volume is a list of the district and county medical societies of the state, with the names of the officers and members.

The following extracts from the annual address of the president, Dr. H. Reiniking will be suggestive to many of our readers who do not see the book:

"A department of study not as yet represented in this society, but which deserves a full share of our attention, is that of insurance medicine. The examination of applicants for life insurance constitutes to-day an important part of the work of many members of the society. The attitude of insurance companies toward their examiners, and the remuneration allowed for the latter's service are, as a rule, such as to entitle the companies to the best service procurable in the

profession. This work presents many interesting features not ordinarily met with in the routine of practice. Questions arise that must be considered from a point of view almost the directly opposite to that which the physician would occupy toward his patient. Subjects of great interest, such as the influence on longevity of hereditary taints, environment, diet and occupation, and other important questions usually embraced in other departments would here naturally present themselves. We owe it to these companies and to ourselves therefore, to try to familiarize ourselves with all features of this line of work, and it may be a proper suggestion that the society take steps toward the organization of a committee on medico-legal section or of the committee on state medicine and hygiene.

"One of the questions urgently calling for our attention, is that of the regulation of the practice of midwifery, and it is a question that will never be taken up and properly solved, except through the efforts of the medical profession. Is it not apalling to think, that women, in the most perilous hours of her life, should be left to the tender mercies of uneducated and as a rule superstitious and dirty persons, instead of being assured of the benefit of every means that science offers for her protection and the amelioration of her suffering? And yet, wherever the regulation of this branch of practice is proposed, we are told to keep our hands off, that the midwife is needed by the poor classes and in the rural districts. How long would it take to provide every hamlet, even in the remotest backwoods, with persons having at least a technical education and training for this work, if once an effectual stop were put to the practice of those who totally lack such training? No one, except the educated physicians, can ever give the parturient woman the aid, protection and amelioration of suffering to which she is entitled, and while at the present time and in some localities the midwife may really be indispensable, yet let us insist, that before entering upon her work, she shall give evidence of having at least a knowledge of the principles of aseptic cleanliness and of possessing other information essential to an intelligent performance of her duties. No greater or more humane service could we render society, than by bringing about a strict and effectual regulation of this branch of practice, and it can surely be accomplished by united, well-directed and persistent efforts.

"What has been said regarding medical legislation in the state, applies to a great extent also to national sanitary legislation, and to the efforts that are being made towards the establishment of a national department of public health. A few earnest men have long been doing arduous work towards the accomplishment of the most desirable plan; medical societies have again and again passed resolutions and adopted memorials, asking congress for action favorable to the establishment of such board, but as yet all these efforts have been unavailing. I believe that here, too, the chief difficulty lies in the fact that this matter has never reached the attention or enlisted the interest of the rank and file of the profession throughout the land; it is doubtful, in fact, whether the majority of these have ever become aware that such a movement is on foot, or what it means. Not until a general interest is awakened, so that the individual members of the profession shall urge the matter upon the attention of their representatives in congress, show them the desirability and necessity for such legislation, and point out to them the results for the general good that it is intended to bring about, will the movement be likely to succeed.

But let our law-makers be made to feel that such legislation is really approved and desired by a large proportion of the members of our profession and it will not be long in materializing.

"Let me further suggest that in our future work in behalf of medical legislation, we set for ourselves a high aim, and not feel satisfied on giving up the fight until we shall have laws that shall effectually reach every kind of medical fraud or imposition. Let the educational requirements for entering, under whatever name, upon the work of treating those afflicted with disease, be made at least equal to those of any other state or country. Let every member of the profession give his moral support to our boards of health and to the State Board of Medical Examiners, and especially encourage and support the latter in every effort to raise the educational requirements for admission to the practice of medicine in the state.

"I would also urge upon all members to make it their special duty to do all in their power for the cultivation of the 'medical society spirit' in their respective localities; to work for the organization of county and other local societies; to see to it that their membership includes every eligible physician, and to bring all such societies into organic affiliation with the State Society, and through it with the American Medical Association. Thus would the entire profession of the country become united into one organic working body, and its power for good greatly increased in all directions."

The following is from the announcement for the 1900 meeting to be held at Milwaukee on the third Wednesday in June:

As you are aware, the Society limited the number of papers to be placed on the program for the session of 1899 to fifty. The limitation was agreed to by the Society at the meeting of 1898, in order that there might be a fuller discussion of the various papers, it being the concensus of opinion that the members in general would be better pleased with fewer papers and a more general discussion.

The most noticeable fact in connection with the Oshkosh meeting was the fulness of discussion, and the further fact that, whereas, unlimited discussion was intended, discussion was cut short on nearly every paper read, and totally abandoned on many.

This experience as to the matter of discussion, as well as the improvement in the character of the paper read, has led the Society to again limit the number of papers to be received for the session of 1900, so that there will twenty, instead of twenty-five "papers by invitation," and ten "volunteer papers." In addition to these papers there will be an "Address in Medicine" and an "Address in Surgery" and the President's address. The papers by invitation, as well as the address are to be secured by the program committtee.

INDEX OF POSOLOGY AND THERAPEUTICS. Compiled by F. R. Merrell. Published by H. M. Merrell Co., Cincinnati, Ohio.

This is a little work which contains much practical information of use to physicians. It gives a list of tinctures, fluid extracts and other preparations with their uses and doses. A section is devoted to an index of diseases and suggested remedies. A chapter is devoted to poisons and antidotes, which, although brief, is quite complete. There is a list of synonyms, which are useful, giving the technical and common names of the leading medicinal plants. This is a work of about 150 pages and contains the information which is given in a number of such works, which sell for a dollar. This little book can be obtained free by any of the Recorder readers who will write for it.

NEW BOOKS.

The following is a list of late books of value to the physician. Any of these books will be forwarded by the publishers named, on receipt of price or they may be obtained of the publishers of the Recorder.

A Systematic Treatise on Materia Medica and Therapeutics, with Reference to the Most Direct Action of Drugs, by Finley Ellingwood, M. D., professor of materia medica in Bennett Medical College, Chicago, late professor of chemistry in Bennett Medical College; author of "A Synopsis of Medical Chemistry," "Manual of Urinalysis;' editor of Chicago Medical Times. With a Condensed Consideration of Pharmacy and Pharmacognosy, by Prof. John Uri Lloyd, PH. D., late president American Pharmaceutical Association; professor of chemistry and pharmacy in the Eclectic Medical Institute of Cincinnati; author of "Etidorpha." Seven hundred and six pages; cloth, price $5.00. Published by the Chicago Medical Press Co., 103 State Street, Chicago.

The Newer Remedies—A reference manual for physicians, pharmacists and students, by Virgil Coblentz, A. M., Phar. M., Ph. D., F. C. S., etc. Third edition revised and enlarged. Philadelphia, P. Blakiston's Son & Co., 1012 Walnut Street. One hundred and fifty pages, octavo. Cloth. Hrice, $1.00, net.

The Book of Complete Information About Pianos.—Wing & Son, 413--414 West Thirteenth Street, New York. Free to Recorder readers.

Sexual Neurasthenia—Its Hygiene, Causes, Symptoms and Treatment, with a Chapter on Diet for the Nervous, by George M. Beard, A. M., M. D. Edited, with notes and additions, by A. D. Rockwell, A. M., M. D. Fifth edition—with formulas; New York, E. B. Treat & Company, 241-243 West 23rd St. 308 pages, cloth, $2.00.

Conservative Gynecology and Electro-Therapeuties.—A Practical Treatise on the Diseases of Women and Their Treatment by Electricity. Third edition, revised, rewritten, and greatly enlarged. By G. Batton Masey, M. D. Illustrated with half-tone plates. Royal octavo, 400 pages, extra cloth, beveled edges, $3.50 net. The F. A. Davis Co., publishers, 1914-16 Cherry St., Philadelphia; 117 W. Forty-second St., New York city; 9 Lakeside Building, 218-220 South Clark St., Chicago, Ill.

Practical Uranalysis and Urinary Diagnosis—A Manual for the Use of Physicians, Surgeons and Students. By Charles W. Purdy, M. D., LL. D. Fourth revised edition, With numerous illustrations, including photo-engravings and colored plates. In one crown octavo volume, 365 pages, bound in extra cloth, $2.50 net. The F. A. Davis Co., Philadelphia.

Glaucoma: Its Symptoms, Varieties, Pathology and Treatment. By Alex W. Stirling, M. D., Atlanta, Georgia. With illustrations from micro-photographs. St. Louis, Jones H. Parker, 185 pages. Price $1.00.

Diseases of the Ear, Nose and Throat and their Accessory Cavities, by Seth Scott Bishop, M. D. Second edition. Thoroughly revised and enlarged. Illustrated with ninety-four chromo-lithographs and two hundred and fifteen half-tone and photo-engravings. Pages 554. Extra cloth, $4.00 net; sheep or half russia, $5.00 net. The F. A. Davis Co.

The International Medical Annual and Practitioner's Index. A Work of Reference for Medical Practitioners. Seventeenth year, 1899. 758 pages. Extra cloth $3.00 net. E. B. Treat & Co.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

Subscription Price, $1.00 Per Year in Advance. Single Copies, 10 Cents.

VOL. II. JANESVILLE, WISCONSIN, OCTOBER, 1899. No. 10.

ORIGINAL ARTICLES.

SPRAINS OF THE ANKLE.*

Earl Chester Hinman, M. D., 310 South College St., Akron, Ohio.

By far the most common injury to joints is a sprain and the joints thus affected the most are the wrist and ankle. A sprain is a violent straining or twisting of the soft parts about a joint.

Sprains occur most commonly in the young and middle-aged adults and a sprain is most likely to affect a joint that has previously so suffered, and is much easier produced in a deformed limb, or in one in which the muscles are but feebly developed and the ligaments are loose: hence its frequency in the weak ankled.

Some cases diagnosed sprain are sprain-fracture, which consists in the separation of a tendon from its point of insertion, together with a thin shell of detached bone. This accounts for the many cases of slow resolution following such injuries.

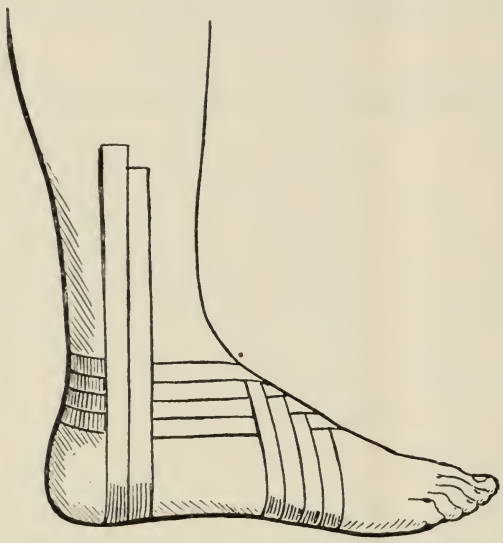
In sprains the line of displacement may pass through any section of the joint capsule, according to the mode of injury. However, the line of displacement is most often through that part in which the motion is physiologically the least. Hence in hinge joints it is lateral. The degree of tearing varies according to the severity of the wrench, from only a few fibres to an entire ligament, to detaching the ligament from the bone, to a fracture, to a dislocation, or to the rupture of distant muscles.

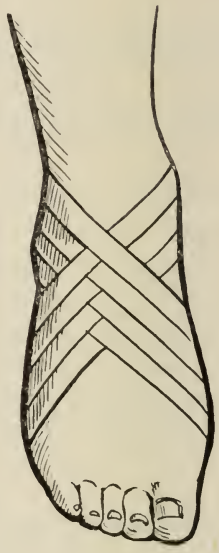
The symptoms are well marked; history of wrenching the joint; swelling; severe pain, increasing as the swelling and tension increase, partial or total loss of function; aggravation from motion; if shock is severe, fainting and nausea may be present: in a short time a peroid of comparative ease may occur, followed in a few hours with increased pain and swelling.

Diagnosis: Assure yourself there are no complications. Compare with the other ankle. As sprain-fracture is difficult to diagnose it should be kept in mind, and the attachments given careful examination. In fracture crepitation is present and can be readily detected in a large majority of cases; also there will be a reducable deformity, recurring if not held in place. Rotation of the bone moves only part of the bony processes occu-

*Prepared to read before the Summit County Medical Society.

pying an abnormal position to that one bone. In dislocation there would be an altered shape of the joint; crepitus; deformity, corrected on reduction; rotation of the bone moves the entire bone; and the bony processes occupy normal positions in relation to that one bone.





Treatment: We must bear in mind that the stretched or relaxed ligaments are still supporting the strained joint. Now, the question arises whether these ligaments will resume the normal contractions around the joint sooner if kept perfectly quiet, or if given slight movement. We would not expect a muscle to become strong and well developed if kept at perfect rest; but relaxed, flabby and weak, as found in every case where a plaster of paris bandage is used. If the ankle receives a moderate amount of normal motion it will assist the circulation and act as massage to the relaxed ligaments, provided the ankle is at the same time supported by artificial ligaments.

Rubber adhesive strips have been used by Gross in the treatment of sprained ankle, and revived by Gibney about three years ago also used by quite a few other surgeons of more or less prominence. These adhesive strips, when firmly applied, act as artificial ligaments and support the joint while the natural ligaments are returning to their normal conditions.

Application: Wash the ankle and foot with soap and water. Shave or cut the hair, if any, to avoid the adhesive strips from sticking to them upon their removal. After bathing with soap and water, a final bath with alcohol is beneficial in further cleansing and drying the parts. Use only fresh rubber adhesive, as the old

has loet much of its adhesiveness and is removed less readily than the fresh adhesive. The adhesive strips should be from half to one inch wide and about eight inches in length. Put the strips on firmly and securely, but do not shut off the circulation from any part. Start the first strip at the outer border of the foot near the root of the little toe, bring it backward over the auterior superior surface of the ankle, across the ankle joint on the inner side of the foot, about an inch below the internal malleolus, cutting just before reaching the posterior line over the tendon Achilles. The second strip is started on the opposite side of the foot, on the head of the first metatarsus, bring it backward across the suterior superior surface of the ankle, and carry across the outer side of the ankle, about an inch below the external malleolus and cutting just before reaching the posterior line over the tendon Achilles. Apply from four to six strips, alternately, on each side. The second strip on each side is started a little back of the first one and as it passes across the ankle is also a little above the first. These strips should slightly lap and fit firmly, notching them if necessary. A small cushion of cotton should be placed over each bony prominence. It will be seen that this makes an incomplete figure of 8 bandage, with the top and bottom of the 8 clipped off.

Now, if the sprain has been inward, a couple of final strips of adhesive rubber should begin about six inches above the internal malleolus, be brought down tight over the ankle joint, and, drawing the foot in the opposite direction to that of the sprain, carry the adhesive strips, one at a time, under the foot and cut at the lowest edge of the lowest strip on the opposite side. If the sprain has been external, reverse the manner of applying the final strips, beginning about six inches above the external malleolus, etc. If the strain is general, carry the final strips from about six inches above one malleolus down across the ankle, under the foot, and up across the ankle to a point opposite the starting point.

The sooner the adhesive strips are applied, the better for the patient. These should be worn from two to six weeks, and if they loosen too much to support the ankle joint, they should be either re applied or new ones put on.

The writer has used this method in a sufficient number of cases to warrant him in recommending it to those who have not yet tried it. This method allows the patient to continue his duties without loss of time, and avoids the use of crutches.

POST PARTUM ATONY AND SUBINVOLUTION OF THE UTERUS.

By Dr. Edward C. Rothrock, Jacksonville, Texas.

The uterus is more subject to variations, in size, physiologically, than any other organ. In the virgin state its weight is a little over one ounce; in pregnancy it increases to two pounds or more. After labor, in two or three days, it reduces to a pound and a half, and in seven or eight days to a pound. Cell elements are consumed, debris expelled, nutrient blood vessels compressed and fresh supplies checked from the oxidized protoplasm. In six to eight weeks the uterus is or should, be reduced to near its normal proportions. If the reduction does not take place during that period, then we have that condition existing—subinvolution of the uterus. There are several terms to express this condition. Chronic parenchymatous metritis, areolar hyperplasia, hypertrophic subinvolution, and by some chronic enlargement of the uterus and cervix.

This trouble is very intractable to treatment. It consists in a growth of connective tissue, constituting induration. The entire uterine connective tissue proliferates, sometimes without increase of muscular substance, or if this occur the connective tissue predominates and at the same time fatty degeneration and disintegration of tissue and absorption rapidly reduces the uterus to normal size, restoring its compactness of tissue. But numerous causes may interrupt this process; impairment of vital forces may tend to develop this disease; a tuberculous tendency may produce this result; frequent parturition, attack of puerperal inflammation, prolonged nervous depression, cardiac diseases and neoplasms, excessive sexual embrace may cause it. Again it is of great importance to secure uterine contraction immediately after labor, if not present; at a later stage the condition of the uterus receives little attention. The first eight days the uterus should be felt through the abdominal walls as a firm, hard ball. Frequently the contractions of the organ have not occurred, or at least to a small extent, it is soft, compressible, and in some cases as large as before delivery, hardly defined from its surrounding tissues and muscles. In some cases this condition may be temporary, and contraction may correct this condition. Seldom do these intermittent contractions do much good; hence post partum atony, and followed by subinvolution of the uterus. It may be needless to say that it is of the greatest importance that firm tonic contractions of the uterus must be had immediately after delivery and during the process of involution of that organ, securing exemption from hemorrhage, prevention of formation of thrombus and reduction of the uterus, which should take place in a few weeks after delivery. As an aid to this much desired object:

A roller binder should always in one or two hours after delivery be put around the woman. It exerts a firm, equal pressure. The binder should be used two or three months. Fresh ones used, of course, as necessary for cleanliness and hygienic considerations. It gives great comfort by its support, maintaining firm pressure and contractions during process of involution of the womb. The os is frequently in such a condition, dilated sufficiently to admit air, which acting upon contained clots, decomposition results, producing sometimes septicemia by reabsorption, or formation of thrombus, more or less, according to condition existing, resulting in untoward consequences.

Again, during process of delivery, atony of the uterus often plays an important part, and after removal of placenta there is a tendency to relaxation, caused frequently by nervous irritation, sudden shocks, excess of liquor amnii, improper interference with instruments and otherwise, use of anesthetics, etc. Gases contained and generated within the organ will increase the size unless they are expelled by pressure, firm contractions. Hence the only safety to prevent these grave symptoms is to procure firm contractions, and it is important that it should be done for weeks after delivery. Frequently the patient appears to be doing well from the third to the eighth day, and later, when there will be an elevation of temperature—mistaken sometimes in the first few days for "milk fever"—of moderate intensity, increasing in the evening—pulse increased, but nothing like it attains, when septic infection is manifested. There may be a chill or slight cold stage, or it may be absent, the lochia still retains its sanguineous color, in some cases amounts to condition of hemorrhage. The uterus is soft, flabby and, upon examination the pelvis is found filled with the yielding

organ. A complete "atony of the uterus," what is the cause of this morbid-phenomena? From observation, we conclude that for want of proper contractibility of the uterus inclosing the enlarged uterine vessels, extensive thrombi have formed which will produce grave symptoms; but broken down by want of consolidation, disorganized, the uterine vessels with the collateral vessels contained within the pelvis, being subject to pressure, as for instance, defecation, getting up of the patient, or by action of ergot, etc., disintegration takes place and destruction of the thrombus and expulsion give rise to the dark appearance of the lochia. But enough remains of the decomposing material to be reabsorbed and manifest itself by fever. Cases occur which are not so mild. Temperature gradually increases until we have a grave affection to contend with. But it is not the object of this paper to go into the treatment of any form of puerperal fever.

Enlargement of the uterus is sometimes treated by depletion, with leeches or the scarificator. We seldom have to resort to the latter. Tampons, saturated with glycerine, applied at night and renewed next day, and continued for several days, is of special utility in cases of enlarged cervix uteri. Sepia will do good service in small doses, ¼ to ½ gr., three times a day. Phytolacca 5 gtts. every three hours will aid in lessening the enlargement of the uterus. Lugol's solution, 5 gtts. three times a day, is also a good remedy. Iodide of arsenic, in small doses, given in plenty of water, frequently acts as a charm. If constipation and distention of abdomen, headache and thirst, 2 to 4 gtts. of bryonia every two hours, will relieve promptly. Firm contractions can be maintained by the binder, and administration of ergot, ustilago-maidis, cimicifuga racemosa, caulophyllum, one or the other as indicated. The use of uterine injections are useful; carbolic acid, permanganate potassium, fluid hydrastin, glycerine, listerine, etc., and other measures. To meet general pathological conditions, warm injections and hip baths are of great use in some cases, for hardly will the clinical history of two cases be the same. An early attention to each case, a firm contraction of the uterus, with hygienic measures, we will, beyond doubt, avoid to a great extent those serious morbid conditions produced frequently and termed post-partum atony and subinvolution of the uterus.

HEALTH AND HAPPINESS.

By W. H. Gray, M. D., Michigan City, Ind.

Health and happiness go hand in hand. There is nothing so valuable in life as health. The business men, millionares and all spend their fortunes to acquire this great gift of God. The invalid crosses the seas, climbs the mountain top in search of it. The dyspeptic man no longer enjoys his meal, but seeks something that he has lost,—a better stomach to digest his food. So with the loss of sight, hearing, tasting' smelling, etc., they all have a charm in adding beauty and pleasure to life, and with their loss, life becomes miserable.

How important it is, then, that we use all means possible to preserve this divine gift of God, and when all acts of dissipation, immorality or habits tend to destroy this great boon of life—health. Under dissipated habits the blush and bloom on the fair maiden's cheek soon fades into frowns and sadness. The young man who smokes, chews, gambles, swears, drinks and leads a licentious life soon trembles and shakes like a reed, and the spring of his young life is turned into a muddy brook of sorrow and regret.

To live long and happy no young lady should ever accompany a young man of dissipation. Neither should any young man associate with a lady who is not pure and chaste in all of her manners and habits. All late hours of social gatherings, games of chance, immoral amusements should be carefully shunned as the serpent of death, for they all lead to a final dissipated life and ruined health and happiness. What lady or gentleman will start a health society for moral and health culture.

RECIPROCITY BETWEEN MEDICAL STATE BOARDS.

By H. Speier, M. D., Janesville, Wis.

The laudable endeavor to raise the educational standard of the medical profession in our country has incidentally resulted in imposing certain hardships and limitations upon medical men which are beginning to be felt. In a large number of the states physicians have succeeded, always against strong opposition and only by means of the most adroit political manipulation, and wire pulling, to have new medical laws passed by their respective legislatures, placing into the hands of an appointed board of examiners the right to grant license to practice medicine to those only who can pass a fairly searching examination.

So far so good. In many quackridden states the ranks of the healers have been purged effectively. But now comes the incidental hardship, All those medical practice acts are intended for just one state. The boards charged with carrying out their provisions cannot, for the most part, consider other state boards. Consequently a physician who has been licensed in one state, if for reasons of business or health or pleasure, he wishes to practice in another, has again to submit to examination and as often again as he may change from one state to another. That is an undeserved hardship; more, it is an injustice, and will have to be remedied very soon. It can easily be done by simply establishing uniformity and reciprocity among the different states.

The writer, who holds a diploma from a medical school in high standing and license to practice, granted by the state board of Minnesota, after examination, a few years ago contemplated removal to New York state. The law of that state gives the licensing body the right to recognize the license of another state whose standard is equally high. Calling attention to the clause the writer applied for a license but was curtly informed that up to that time the New York board had not recognized any outside license, not having found another standard equal to theirs. A more arbitrary ruling for the New York law, modeled after that of Minnesota, specifies the very same subjects for examination and says likewise that the examination shall be practical. Besides it is generally admitted that Minnesota maintains a high standard, one which more than one New York graduate has failed to satisfy.

The truth of the matter is that the different medical boards attempt to keep away outside competition and build a tight fence around each state. This tendency comes out clearly in the medical practice act now in force in Illinois. License is granted only after successful examination, except to graduates of legally chartered medical colleges in Illinois in good standing, as determined by the board.

Clearly legislation in the interest of a medical college ring and conferring inordinate dictatorial powers upon the board. Such dog-in-the-manger policy will ultimately result in defeating the movement—meritorious in principle. Opposition was formerly confined to irregulars; it is spreading now and with the known unfriendliness of

legislatures as an aid, may bring back upon us medical lawlessness. State societies and state boards should take timely warnings and combine to establish inter-state reciprocity. An attorney admitted to the bar in one state has only to present his certificate to be admitted in another; why not a physician? It is the law in all European countries, Germany, e. g. abolishing previous restrictions about 30 years ago, so that now a physician who has passed his state examinations before any provincial board can practice in any place in the empire.

MALARIA.

GEOGRAPHICAL DISTRIBUTION. THEORY OF CAUSATION.

By J. W. Lockhart, M. D., St. John, Wash.

The vital statistics of the eleventh U. S. census, with the maps and diagrams showing the geographical distribution of the death rate from malaria, is not without interest to physicians. In that year there were, in the United States, 18,594 deaths from malarial disease, exclusive of typho-malaria, which is classed with typhoid fever. Of these deaths 9,630 were males and 8,964 were females. In the registration states the rate was 19.19 deaths per 1,000,000 deaths from known causes. Among the whites the rate was 16.49, and among the colored population 72.05, or more than four times as high. Under five years of age the rate was 35.33. Five to fifteen years 20.30; fifteen to twenty years 15.25: twenty-five to thirty-five years 13.71; thirty-five to forty-five years 15.71; forty-five years and over 28.81 per 100,000 deaths from known causes.

In June, 1889, the first month of the census year, there were 1,241 deaths from malarial disease. In July 1,720; August 2,450; September 2,686; October 2,155; November 1,328; December 1,070; January, 1890, 986; February 900; March 1,014 April 1,-115; May 1,476.

The death rate from malarial diseases is shown to be greater in cities than in the rural districts. In September it was for the cities 135.81, while for the rural districts but 116.75.

In Oklahoma, Indian Territory, Mississippi, Louisiana, eastern half of Texas, and Florida, the death rate was over 70 per 1,000 deaths from known causes. In the northeastern states, including the central part of West Virginia and the southern half of Ohio, the rate was less than 10 per 1,000 deaths. The largest part of the north-central states, Montana, Wyoming, Colorado and the Pacific slope of California, also have a rate of less than 10 per 1,000 deaths. Most other sections have a rate varying from 30 to 50, except Arizona, Georgia and the eastern half of South Carolina and North Carolina.

The report does not show the distribution of the malarial mosquito, but it does show that malarial disease exists over a large portion of the United States, mosquito or no mosquito.

To understand a medical writer correctly it is necessary to understand the conditions under which he sees and treats disease. The practitioner who treats malarial diseases in the southern states, where the population is largely negroes, evidently does not write of malaria as does the man who practices only among white people. But these diseases are more fatal among the whites in the southern states than among the same class in the northern states, and this, too, makes a difference of opinion in regard to treatment, if not to diagnosis. Evidently the treatment that would be the most suitable in the one place would be inappropriate in the other place. Recently a prominent southern physician has been severely criti-

cised for expressing heretical views in regard to the treatment of malarial diseases without quinine, by physicians who, in all probability, never saw these diseases as the doctor sees them. Some new method of making the medical profession acquainted with the geographical distribution of diseases and the death rate from each, their method of treatment and local conditions is an imperative necessity. How would a national bureau of vital and sanitary statistics do?

The bacteriology of malaria is still sub juris. The bacteriologists are fairly well agreed that all malarial diseases are germ diseases, but that seems to be as far as they can agree. Even the zoological title of the much hunted bug is still in dispute. Some claim that it develops in the red corpuscles; others that it voyages through the vicissitudes of its existence upon the hurricane deck of such corpuscles. The germ of malaria has not been found outside of human blood, and cannot live outside of it long enough to be examined. Of its conditions of existence outside of, and its entrance into, the human body, all is deep, dark conjecture. This conjecturing, mere guess work, passes under the name of medical science, and goes to make up the principal part of our literature on the bacteriology of medical diseases. The theories are as varied as the chameleon's hues. It is well known that nerve shock, from fright, or joy, or grief, or falling or jumping into cold water, will often cure patients of these diseases, especially the intermittent variety; but our bacteriologists avoid the question of how these things destroy all the malarial germs in the body, as they would vipers. Do the germs of malaria, following the law of evolution and survival of the fittest, show a selective affinity for the poorest quality of red corpuscles, or do they attack all alike without regard to vitality? In view of the theoretical nature of the germ it seems to me to be much more rational to assume that the supposed germ is in reality a necrotic condition of the red corpuscles produced by a chemical poison in the plasma of the blood, and introduced into the system by the inhalation of an atmosphere containing a special chemical poison. This theory harmonizes with the law of evolution; a thing the germ theory cannot do. It also harmonizes with the theory of medical treatment that anything that increases the vitality of the sysfem, or in other words, the resisting power of the red corpuscles, is beneficial in the treatment of malaria. Not the increase of vital resistance, but the chemical destruction of the germs or their toxines is the rational basis of treatment founded on the germ theory. The grotesque juggling with words and logic, indulged in by the advocates of the germ theory of diseases, in order to make the fact of experience harmonize with the theories, always reminds me of a clown at a circus.

Under the germ theory the various treatments vaunted as successful in malarial diseases, is a confused mass of contradictions and absurdities that are a disgrace to science and philosophy. The germ theory has not produced a single rational improvement in the treatment of this disease. Assume the chemical nature of the malaria poison and all is harmony, all is rational, all is scientific, all is philosophical.

There are between fifty and sixty drugs that today, in some parts of the world, are regarded as curative in malarial fever. They may be fairly divided into five classes: a. those which produce shock of greater or less severity; b. those which stimulate the nervous system; c. those which increase the secretions and the elimination of auto-toxines; d. those which increase the number of red corpuscles; e. those that give tone to the nervous

system. These are the essential points in the treatment of malaria and the drug that most nearly fulfills all the indications will head the list of curative agents regardless of any germ theory of disease It is easy to understand, then, why quinine should head the list in this country, and iron and arsenic give a close second. We can understand, too, why quinine given dry by the mouth often has a better effect than given in any other way, and why persons who "rather like the bitter taste of the drug" are not much influenced by it. Does shock kill the malarial germs, or does the reaction from shock produce or increase the chemical incompatibility of the blood with a malarial poison? If we are reduced to the necessity of making the facts of treatment fit a theory of causation certainly it is easier to make them fit the chemical theory of a malarial poison.

BRIEFS.

Abstracted from the Gazette Medicale de Paris, by H. Speier, M. D., Janesville, Wis,

In an Italian menagerie Prof. Gustavo Pisento performed a successful cataract operation on a young lion.

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On the race course of Antenil, France, a prize of 40,000 francs ($8,000) was won by a horse wearing a tracheotomy tube.

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It will be remembered that during the noted trial recently ended in France one of the attorneys for the defense was shot by a would-be assassin. The physicians in attendance issued frequent bulletins regarding the progress of the case and a disgraceful medical quarrel followed in the papers. A certain Dr. Dayen, an eminent surgeon of Paris, an acquaintance of the patient, called upon him one morning unsolicitated and stayed just long enough to shake hands and say a few words. But in that short time he became convinced that Mr. Labori's condition was not satisfactory, and stated so in an interview to the Figaro. Dr. Reclus, the surgeon in charge, refuses to give him any information, for he will not say anything which would go at once to the papers, and so it goes back and forth, charges and statements. Note result: The public is disgusted, but the two doctors obtain a great deal of notoriety.

Of course, nothing of the kind could ever occur with us. Have we not our sacred code of ethics?

GOUT AND NEPHRITIC COLIC.

Dr. M. Wittzack (Medical Review of Reviews) has treated successfully nephritic colic by the use of the following:

℞ Lycetol, grs, 15.
Sodii Bicarbonat, grs. 8.

One of these powders to be dissolved in a glass of vichy or other alkaline water taken twice a day, morning and afternoon.

Dr. T. Hoven (Medical Times and Register) recommends the following in the treatment of gout:

℞ Lycetol, grs. 15.
Magnes. Ust., grs. 20.

To be taken in two portions, followed by a glassful of mineral water.

A use of lanolin, which will be new to many, is given by Pediatrics. In an abstract of an article by Dr. A. C. Frickenhaus. He reports the rapid reduction in size of enlarged glands after inunction with lanolin. Similar results were obtained in a case of angina tonsillaris.

ALKALOIDAL THERAPEUTICS

This Department is conducted by A. L. Blesh, M. D., 709 W. Noble Ave., Guthrie, Oklahoma. Original articles, reports and notes on dosimetry are desired for this Department.

NOTES.

ARSENIOUS ACID—CALCIUM SULPHIDE.

By Ralph St. J. Perry, Farmington, Minnesota.

A short paragraph at the bottom of the first column on page 183 states that the report has come from Brazil that arsenious acid is a prophylactic or preventive of yellow fever. This aroused my ire, because this discovery should be credited to the United States and to Dr. R. B. Leach, now of St. Paul, Minn. Dr. Leach practiced for some time in Paris, Tex.; prior thereto was surgeon on a gulf coast steamer for years, and originally graduated from Dartmouth in 1882. Realizing that the "old school" did not contain all the medical wisdom in the world, the doctor investigated in other fields and in the course of time worked out his arsenical prophylaxis of yellow fever, which he teils me is founded upon the doctrine of Hahnemann. However that may be, and it matters not to true physicians whence comes a remedy, the arsenious acid in doses of 1-1000 gr. will effectually immunize one against "yellow jack" if persisted in during the period of exposure. During an extensive practice along the west coast of Africa in 1886–7, the arsenate of quinine was the one effective drug against the dreaded "black vomit sickness;" the sulphate was no good, and to my mind it was the arsenic in the combination which did the good work. Dr. Leach has written out the details of his prophylaxis, and a full exposition thereof will be found in the Minneapolis Homœpathic Magazine for October, 1898.

* * *

The article on Calcium Sulphide in Consumption, on pp. 190, is apt to get some of the Recorder's readers into trouble. Under the name of hepar sulph this drug has been used for over one hundred years by the Homeos in treating certain forms of phthisis, but they limit its use to those cases where there is suppuration on the purulent expectoration. Before using calcium sulph in lung troubles, read up thoroughly on the indications for its use; otherwise the promiscuous dosing of every case of consumption which comes to you will result in your disappointment and also cast unmerited discredit upon the drug.

We are glad to publish the above from Dr. Perry, as he speaks from a rich fund of experience. His articles show that he is a close observer and an original investigator. We should like to hear from some of our other readers in regard to their experience with calcium sulphide in respiratory diseases. Dr. Ellingwood, in his new work on materia medica, says:

Shields claimed remarkable results in inflammatory diseases of the air passages. In the fetid bronchitis, and in fifty cases of pneumonia in which he used the drug (in conjunction with quinine and nitroglycerine), the mortality was extremely small. In tonsillitis and quinsy its action was almost specific. In only four cases out of one hundred and fifty did it fail to effect a complete cure in from two to six days.

A French writer gave a grain of the sulphide every hour to patients with pulmonary consumption until gastric irritation occurred. This is an extreme measure, but the author claimed satisfactory improvement. It will certainly relieve the cough of this disease.

It is praised in tubercular diseases of the joints, as well as those of the skin. If the tubercular conditions are complicated by syphilis, its benefits are especially marked. It is administered in small doses in bronchial and laryngeal troubles, in croup, to produce immediate relief, and in persistent and suffocative coughs.

CAFFEIN.

Sjenetz (Vratch, Vol. XX, No. 14) made some very important observations on the action of caffein. Being at first skeptical as to its harmlessness in the usual doses employed, he finally convinced himself of its decidedly poisinous nature. The three cases reported by him are very instructive: One is that of a young and healthy woman who, feeling indisposed, began to take powders of caffein citrate 0.3 gms. each every two hours. After taking five powders she suddenly became unconscious. Subcutaneous injections of ether, blood letting, artificial respiration and other means finally succeeded in reviving her. She soon felt better, and two hours later was walking about the room, but unfortunately repeated the powders, and, after the tenth dose, suddenly dropped dead. The heart was firmly contracted, having stopped in systole. In the second case, a young man suffering from pneumonia received 0.2 gm. of caffein citrate three times daily for a tonic. On the third day he suddenly died. The heart was found contracted, almost obliterating the cavities. The third case is that of a middle-aged woman, suffering from an acute exacerbation of chronic renal disease. Caffein was administered to her for its diuretic effect. After taking it for a few days, she died of heart failure. The heart was also here found very much contracted. The author has administered this alkaloid in doses of 0.2 to 0.3 grm. two to three times daily in cases of cardio-renal affection and noticed the following results: On the day following the administration the arterial pressure markedly increased, the pulse became full but not changed in frequence, the amount of urine gradually increased, the dropsy diminishing but slightly. In five or six days the patients began to complain of tightness in the chest, shortness of breath, restlessness at night and general aggravation of the disease. On percussion the heart was found notably smaller. As soon as these symptoms appeared the administration was discontinued, and the blood pressure at once commenced to decline, the excretion of urine decreased, the pulse became soft, the patient feeling much better, The analysis of the urine, however, showed the presence of the caffein for many days (10-15), thus proving the cumulative action of the drug. Again, the author has noticed that the elimination of the caffein is much slower when the kidneys are affected, and it is therefore contraindicated in renal affections.

Speaking of the effect of the internal administration of cocaine the Dosimetric Medical Review says that cocaine possesses the property of increasing the movement of nutrition. Cocaine would therefore be an oxydizing agent of the same class as the irons, the hypophosphates and the alkaline chlorates, We cannot, therefore, as some have done, regard cocaine as similar to coffee and arsenic, since these two moderate the nutritive activity, whilst cocaine increases it.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

SEXUAL DEBILITY.

I have just read what the editor and Dr. Speier have said about the case of sexual debility described by Dr. G. of Georgia. Dr. S. tells about all that the books have to offer and to that suffering man in the sunny south it must be about as comforting as to know that there is a balm in Gilead. Can it be I thought as I read the old tale of abuse and the story of a poor sufferer wandering from office to office in quest of what has been as yet denied him that the sins of the father must be visited upon the innocent boy without hope of help? Does the strong arm of medicine offer nothing to reach such as he? If I did not know that it does I would indeed feel that a large share of the time that is spent in splaying women guilty of no greater crime than having refractory ovaries ought to be employed in discovering some means of mitigating the sufferings and curtailing the grief of the thousands of boys and young men who can no more control their heritage of passion than they can lift themselves over the fence by pulling at their boot straps. Nor do I believe that the remedy is found in keeping the victims of an unbridled passion from the hands of so called quacks. The history of a great majority of these cases is that they try the regular profession and when failure is shown they drift into dishonest hands. In the actual summing up there is a history of a quiet claim by the regular doctor with failure and a loud one by the mountebank but the result being the same it matters not much after all. When the regular profession can afford a cure in such cases the bad men of the testimonials will be less numerous.

Just notice what is offered, and I want to say that it is orthodox and just what the books teach, by way of help to a man who has abused himself for thirteen years. He is advised to read good books and associate with refined women. Could anything be better? I will warrant that that man has read and studied and prayed and wept by turns; that he has pleaded of his Maker for relief and has endured such suffering as the Klondyker knows not of. But what of it? To sit at the side of beauty and bask in the smiles of female lovliness is a good job at any time and for anybody but as a remedial agent it is utterly impotent. To tell him that he is no outcast when he is having two emissions per week, and to tell him he has already taken too much medicine is very much like demonstrating to him that he is a fool. To send him to bed without much covering and tell him to take a regulation bath is not going to encourage him to think you know what ails him. When you have stopped those emissions he will begin to get hope; when you once plant hope he will take on new life and when you satisfy him that his penis should not be examined for a red meatus or any other unmeaning condition you will be on the way. When you ease his mind he will sleep without the prolonged mental worry that possesses him in his waking hours. When under exercise and good food he begins to gain in muscular strength you will have enlisted in your army a man who will swear by you and if need be die by you.

Can all this be done? Why not? Must the patient keep on his quest like the Flying Dutchman finally end-

ing a miserable life welcoming the open grave at last as his best, dearest friend? Humanity hopes not. Shall the doors of progressive medicine be closed to such as these because forsooth the consideration of these matters may assail ears tuned to finer melody? The aim of the greatest calling in the world is to alleviate suffering and lead back to health and strength the erring sons of men who have learned at the hard school of experience that the way of the transgresser is oh, so hard. Sexual deviations outnumber any two lists of human ills and why not at least try to help rather than rob of hope the boys to whom the ray of light is a long way off?

In my earlier years of practice I had a club for the man who did business without a copy of the code in his inside pocket. I have altered my notions since then. I have come to regard the man as very narrow who goes about with a measure to estimate my grain in. If he is honest I care not what shrine he worships at. For that reason I am not ready to attribute the condition of the patient's stomach to the medicine he has taken. I fancy it would take a mighty strong man to preserve a good appetite after carrying a load that has robbed of mind and sent to an untimely grave some of the brightest boys that ever faced a destiny made hopeless by a heritage that was insurmountable.

Some years ago a young man whose history was not enough different from the one given to warrant minute particulars came to see me about his case. He had gone the rounds and he frankly confessed that when he was fully satisfied that there was no cure for him he would end the misery. In fact, a dependent old mother even then alone stood in the light and with trembling finger pointed to where listening love first hears the rustling of a wing. Disappointment repeated again and again had almost robbed the patient of all hope and he could no longer be asked to study and associate with high-minded women and be content. He was weak, discouraged and wanted relief. I told him if he would do his part and give a year to the work he would get well. He agreed to try even if as he said it took that long for some signs of improvement to show. In six months' time that man was a half back in a foot ball team and to-day he is an athlete, happily married and the most contented man in the town. I have no mortgage or patent on the treatment. I gave him all told from first to last these drugs: saw palmetto, black willow, viburnum, ergot, ustilago maidis and an anti-constipation pill, singly or combined to meet the indications and they meet them. At the same time I sent him to a gymnasium and made him build up his muscular system so that after the first month he did not know he had a stomach and he could eat like the hired man. I claim no superior skill in this or any other case. If the medical gentlemen who essay to treat this class of cases will but study the remedies I have named if they are not acquainted with their powers and value instead of nosing around to find out somebody's formula by which to try to sneak a cure and muzzle a fee unearned, there will be fewer cases that will call for a mournful shake of the head and the exhibition of a little salt water sympathy.

J. A. De Armand, M. D.
Davenport, Iowa.

A DISSERTATION ON FEVERS.

The magnificent possibilities of our new territorial possessions are marred by the demerit of strange diseases. The disorders peculiar to the countries are scarcely less or more to be dreaded than are the common diseases occuring there. I write with

knowledge of Santiago. I write with the experience of seventeen months in Manila. I have seen the red hand of death by the Filipinian bay and I have felt the hand in all its heaviness in Santiago. The blaze of the sun of the Cuban skies has carried the breath of hell to my home, and the dread stillness of the Pacific air has been instant with malice and the hatred of slow poisoning.

We are accustomed to shudder at the name of yellow fever, and to add distrust to fear. But yellow fever, pre-eminent though it is as a disease to cause apprehension, is not to be feared as one fears scarlet fever, when the two disorders are known in the Antilles. The fever of the indigenous disease never runs less high than the other. And typhoid, bitter though typhoid is, is more of a slow burning in the Filipinas than in New England, and more to be dreaded. The Filipian typhoid is what we call a low fever—almost like a mere febrile condition—lingering, slowing the oxidation and accompanied with nerve illness. Scarlatina in Cuba is ever a malady of high temperature, great depression, and uraemic coma and convulsions. The pulse numbers to nearly or quite 200 to the minute, the vital forces are overwhelmed, and death frequently takes place within twenty-four hours of the accession. In yellow fever the pulse seldom exceeds 100, and often falls as low as 40, or even 30. The febrile movement is remarkably moderate. And typhoid, as we find it in Luzon, is long in its prodromic period, with a pulse asthenic at several degrees less than 100, and with the temperature rarely elevated to 102. There is no disease intensity, no exacerbations, and apparently no serious complications. But, marked with ataxic symptoms, great with adynamia, and characterized by extreme prostration, the prognosis is one that the practitioner cannot qualify or extenuate.

It is not extravagant to maintain the two points, scarlatina at its worst in Cuba, and typhoid apparently lacking gravity, but at its worst in the Filipinas.

I lift a black veil from my own life to relate the story.

It was in the third ninety, and at Santiago my cup showed its dregs. We were but newly there. The month was August. There was the perennial fear of the yellow scourge. A Sunday morning of pleasure and light; a few terrible hours, and when the sun of Tuesday arose it shone on the graves of my two brothers, dead in such few hours of scarlet fever. If I remember, it was an epidemic; the deaths were many. The second chapter is writ in the emphasis of Manila. We had been a fortnight in the sisal plantations, and then slowly the fever came on, and the best of men faced death with delirium dimming his eye. Eleven of the longest weeks that the calendar ever drew out. There was not much heat, but there was the horror of pain, the great depression, and, after the long period of disease, the protracted recovery.

Let us not think it material that we discuss the treatment. There are two other chapters to the story. After the peace I went again to Cuba, five years from the time of our first visit. I am not writing of July or August. It was November. I had thought much of the visit, and, naturally, the fact of high fever was first in my mind. At St. Louis some months before, I had found out zymotoid, and it was in my trunk. Ammunition for myself? Possibly, primarily. I did not anticipate the reiteration of experience with scarlatina, and I did not seek it. If there was yellow fever, I did not look for it. But enthusiasm lit the candle. I sought fever and fevers. There was

revenge set to my hand. I would be avenged of my Karl and Friedrich. I would fight fevers. Do not smile, but it was as a crusade to me. I was at Santiago to battle with fever—yellow, scarlet, typhoid, any.

Zymotoid was the ammunition. If you know the remedy, you know the experience as it came to my lot. Shall I be found guilty if I boast? I ask that the virtue of boasting be recognized and not apologized for.

We are never denied the privilege of ministrations, and I found the chances pregnant. There were soldiers, fated to deal with foul ills. There were Spanish soldiers and Americans. There were Cubans. There were the wretches of the country. There were children, sailors, women—and there was much to do. "Boasting?" Not in one case, but in many, and wherever the opportunity offered, zymotoid was unfailing. If temerity attaches to the use of the term, let me say it proved specific—specific in reducing the temperature, and in preventing its rise and the debilitating exacerbations.

There was, at first, a nerve stimulation, very manifest, and then a sensible sedative action. There was at first an augumentation of the pulse, a stimulation of the heart's action, and then an appreciable fall. There was at first a sensible anaesthesia of the skin, and then a peculiar sensitivity. Ever at the outset the object seemed defeated; but ever as the remedy was exhibited, there came a change for the better. "Every case?" Every case.

The physicians would urge care, "for fear of cyanosis." "Cyanosis?" It never occurred. I write, understand, of scarlet fever, for the largest example, in the trying heat of the tropics. It is the casting out of the demons of bacteria and bacilli. There is the fever, and there is the sore throat. The remedy is external as well as internal, for the fever, the sore throat, the bed sores. And more. I would emphasize the value for the surgeon's use, for wound and sore, for erysipelas and skin diseases.

I count it my revenge. No longer am I at odds with the fire in Cuban-burned veins. Best of all, there is no depression, no disagreeable after-effect, no cyanosis. I only regret that I lack the present opportunity of dealing with it in the Pacific. Verily, the Filipinas must welcome the same non-toxic antiseptic. The welcome is world-wide wherever a symmetrical remedy is prized. And zymotoid is symmetrical.

GIFFORD KNOX, M. D.,
New York City.

COMMENTS.

The article by Dr. Jos. Adolphus on "Old Age," in the August number, interested me especially, as I am now making arrangements to celebrate my eightieth birthday, which is still some months off. I believe that the ability to celebrate these birthdays of old age depends a great deal upon the anticipation of the event and in taking care of yourself accordingly. All of us know many cases where alleged chronic individuals have hung on to life with a pertinacity that defied the doctors—simply because they took care of themselves, or were so situated that it was impossible for them to abuse the laws of health. To develop into an octogenarian I will have to survive my present trials and tribulations for over forty years, but I believe by exercising my animal instincts and the "common sense" with which nature endowed me, I can do it. I believe any person who reaches adult life with a sound mind and body can do it.

* * *

The doctor's item on bread and buttermilk reminds me of a dish de-

vised by my friend, Prof. W. A. McCulloch, once physical director in a Chicago Y. M. C. A. gymnasium, which he called a "gym stew." It consisted of fresh, crisp crackers broken into good, cold buttermilk, and after an evening spent in the gymnasium it used to touch the right spot.

***

Now for the young man down in Georgia, pp. 218. The fact that the man has emissions shows that there is no aspermia; the history and appearance of the penis indicate a sensitive urethra and the doctor's general statement of the case shows a hyperesthetic imagination. I would "orificialize" that fellow; put his urethra in good condition, tone down that sensitiveness by cold sounds, electricity or Dr. Waugh's europhen—aristol mixture; open up the the meatus and equalize the urethral calibre if needed; also circumcise and freely incise the frenum p.r.n. Next put him on exceedingly plain food and put him to work out of doors at hard manual labor. Finally get control of his subjective mind, and by suggestion get rid of all the damnable nonsense which has soaked into his cerebrum during many hours spent in perusing lost manhood literature and in brooding over the horrible results of his hopeless malady. Rats! The man who has never experimented in the field of masturbation is one in a million, while the man who has been permanently injured by the habit is almost as rare. What hurts them is the brooding over their imaginative afflictions. Dr. Speier has covered the ground so well that there really is no excuse for my saying anything further.

RALPH ST. J. PERRY, M. D.,
Farmington, Minn.

MEDICAL LEGISLATION.

On page 233 of the September issue of the Recorder we read: "Let me further suggest that in our future work in behalf of medical legislation, we set for ourselves a high aim, and not feel satisfied on giving up the fight until we shall have laws that shall effectually reach every kind of medical fraud and imposition." The sentiment is well meant but he who wrote it would feel lonely and the people in many sections go a long way for a physician if "every kind of medical fraud and imposition" were suppressed.

Sharp instruments sometimes wound those who handle them carelessly. Men sometimes cut their throats with their own razor. Such pointed laws would draw blood from many who clamor for them. Where would be the "regular" who frightens his patient by calling an inflamed wart a cancer, treats the same successfully with five cents worth of Lloyd's specific thuja, charges the victim only fifty dollars and congratulates him on his almost miraculous escape from death, thus adding to his reputation as a "reputable cancer specialist?" The one who with heavy fist drove a dilator through the walls of a bladder, causing death from "shock." It was a shocking operation and weighed so heavily upon the operator that he charged but twenty-five dollars for doing it. A patient was treated for renal colic and was doing well. A steel instrument was forced into the bladder to "wash it out." Serious trouble arose at once and the patient died in ten days from "cancer of the bladder." (?)

A council of four physicians sent a lady to a city hospital for operation for cancer. At the hospital four deep furrows were burned in her back with a red hot copper and she sent home on a bed with the cheering statement that there was nothing the matter with her.

A "brilliant and very successful operation" was performed upon a patient whose liver and intestines were blown to pieces and out of the body. A big fee was charged and the bold

surgeons applauded. The patient did not recover.

Six inches of a thigh bone was in splinters. An operation was performed, the pieces removed and the leg healed (with a rubber-neck).

A lady was operated upon for cancer. No cancer or other growth was found. Brilliant operation. Cost five hundred dollars. She died.

A poor, hard-working man dislocated an ankle and called a "reputable physician" who was, perhaps, a little more drunk than usual. The poor man is now a cripple for life with no redress. That physician is now in practice in a state where the laws are as strict as any known. We have been in his office and seen his obstetrical forceps, covered with evidence of previous use, laying in a broad window and three cats occupying the same window sill. He lost five patients in succession from septicemia. One doctor told me that he always used instruments, so he could charge five dollars more. Poor woman. Poor baby. Reputable physician. Noble calling. Protective legislation, etc. Protection for one who removes the sound eye, leaving the victim with a blind eye, a hole and a life of darkness.

If such laws as are called for were passed and made truly operative and were suddenly flung among us, is there one who could stand up fearlessly and not dodge?

The remedy is not state legislation, but honesty among those who treat disease. If every doctor, real or so-called was thoroughly honest from circumference to center and would practice self-less-ness and brotherhood towards all that lives, protective laws would be unheard of in this free America.

Let us demand fair play and honest, square dealing among ourselves before asking the state for protection. Truly, we are like the boastful youth at a hotel in the Adirondack mountains, who, on seeing a bear skin ran behind the ladies for protection, shouting loudly for mamma.

M. A. M., M. D., Wisconsin.

The above is written by a physician of culture and ability, and while we do not hold the views he does, we publish it as it presents the other side of the medical legislation question. This department is open to the free discussion of all subjects pertaining to the doctor and his work. Dr. Speier, in his article, presents another phase of the question, and as he suggests, there is apt to be a swing of the pendulum to the other extreme. Dr. M. calls attention to the careless surgery of some practitioners, which is to be deplored, no matter what the standing of the surgeon may be. It is possible to enact just laws which will protect the profession and the public, and which will do injustice to no one entitled to practice. The subject is open for discussion by the large circle of Recorder readers.

I had rather a queer experience with a sample of ecthol. I took it twenty miles north and gave it to Nicholas Diaz. He has had scrofula for four years and has paid out in that time over one thousand dollars. He took a teaspoonful every two hours for four days, after that a teaspoonful every four hours until he had used two bottles. He walked in here today, cured. All signs of swelling and those awful scrofula sores and blotches on his face are gone. Of course his soft palate was destroyed by the disease long ago, and he thought I could make him a new one. I replied only God can do that.

Chas. A. Bailey, M. D.,
Canatlan, Durango, Mexico.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor.

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Society news and reports and items of interest are gladly received

HALL & THORNE, Publishers,
Janesville, Wis.

We guarantee our premium labels to be satisfactory in every respect. If any should not prove all right, we replace them with perfect ones.

Dr. Lockhart, in his article, suggests a national bureau of vital and sanitary statistics, which is a pretty good idea. What do you think about it, doctor? Please give us your opinion.

We have the copy for the first of Dr. W. B. Metcalf's articles on stomach diseases, and will start this valuable series in our November number. We can assure our readers of some good reading in these articles.

STATE RECIPROCITY.

This is a subject which is occupying an important position as one of the medical questions of the day. Dr. Speier's article in this number brings the subject before us for consideration.

The Wayne County (Mich.) Medical Society considered state reciprocity of medical boards a matter of such importance that it appointed a committee of five to investigate the question. Dr. E. Amberg, of Detroit, is secretary of the committee and has sent us its report. Blanks containing seven questions were sent to the authorities of the different states and territories. The following were the most important questions:

5. Would you be inclined to favorably consider the plan of entering into a state of reciprocity with other states (or territories) which have practically the same requirements for the license of practicing medicine as your state (resp. territory) has?

6. Would you join in the efforts in working out a memorandum to be presented to the legislative bodies of the different states with the view of introducing a bill as to the subject matter, and would your secretary co-operate with us?

7. Have you any suggestions to make?

Up to September 14th, answers were received from 39 states and territories.

Favorable answers to question 5 or 6, 34; unfavorable answers to questions 5 and 6, 0; favorable answers to question 5, 30; favorable answers to question 6, 30; unfavorable answers to question 5, 4; unfavorable answers to question 6, 1.

The unfavorable answers were accompanied by explanations which give hope that the difficulties might be overcome which, at present, did not allow a favorable reply.

This is a subject it would be well for our medical societies to discuss. Wisconsin is especially fortunate in the strength of its district medical societies, and we would suggest that these societies take up this subject. The opinions of the medical men should be brought out and action taken to secure unanimity if it is the desire of the profession.

THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

A SYSTEMATIC TREATISE ON MATERIA MEDICA AND THERAPEUTICS, WITH REFERENCE TO THE MOST DIRECT ACTION OF DRUGS, by Finley Ellingwood, M. D., professor of materia medica in Bennett Medical College, Chicago, late professor of chemistry in Bennett Medical College; author of "A Synopsis of Medical Chemistry," "Manual of Urinalysis;" editor of Chicago Medical Times. With a Condensed Consideration of Pharmacy and Pharmacognosy, by Prof. John Uri Lloyd, Ph. D., late president American Pharmaceutical Association; professor of chemistry and pharmacy in the Eclectic Medical Institute of Cincinnati; author of "Etidorpha." Seven hundred and six pages; cloth, price $5.00. Published by the Chicago Medical Press Co., 102 State Street, Chicago.

This book is a very comprehensive work on materia medica and embodies the results of Dr. Ellingwood's extensive experience as a practitioner and teacher. All the leading remedies are given in clear, concise terms. The classification of remedies is very satisfactory and enables the reader to quickly turn to any remedy or group of remedies.

The book is written by a leader of the eclectic school, but it is a work which any physician of any school will find most useful. It is thoroughly up-to-date and presents the newest remedies, which are of value. The following extract from the introduction gives a few of the author's ideas:

Within the field of medicine great advancement has been made in the past few years in the causation of disease, in pathology, and in the knowledge of disease action. Throughout the world the energy, thought and intelligence of the profession have been directed in these lines with most marvelous results.

In America great attention has been paid to therapeutics, with results that certainly lead the world in the application of remedies to the cure of disease.

With many students attention is paid in medical study to the more exact branches of the science. There is an uncertainty in the therapeutic application which is distasteful to them. They become markedly proficient in surgery, in obstetrics, and in surgical gynaecology, in the study of histology, pathology and in etiology, but they hesitate in applying their thought to an apparently uncertain branch of study. They have found in study of the great writers, skepticism and doubt, amounting to disgust in many cases for the study of therapeutics, and following in the footprints of their predecessors, many entertain the same doubt. But thought is advancing and the science of therapeutics is occupying a higher plane.

Nothnagle is quoted as having said that doctors know nothing about curing disease; all they can do is to sustain the patient and let nature cure herself, Physicians of today are learning to cure disease by direct agents in a highly satisfactory manner. In daily sharp competition with other successful practitioners each has absorbed every truth he could apply and has used it to the best advantage, constantly endeavoring to learn the most direct method of cure.

Prof. Lloyd's chapter on pharmacy and pharmacognosy is a desirable addition to the book. Dr. Ellingwood devotes one chapter to medical electricity and electric therapy, which contains many helpful suggestions.

Vick's Magazine comes out this month in regular magazine form and makes a handsome appearance.

ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

If you can suggest a good remedy to a patient, you please him. If you can furnish it yourself, you benefit him and help your own pocketbook. We have seen the package that camphoral is put up in, and find that it is a neat, handy thing, one which the physician can easily dispense, and in such a way that he can retain all credit himself. We believe it is worth while for any physician to investigate this remedy.

Dr. Max Thorner, the distinguished laryngologist of Cincinnati, died August 26. He had attained world-wide fame in his special field and was well known in this country from his writings on autoscopy.

He was born in Geestemunde, Germany, April 2d, 1859, and was the son of Jacob and Bertha Thorner. He received his medical education in the Universities of Heidelberg, Leipsig and Munich, and pursued the study of his profession in the hospitals of Vienna, Berlin and London.

Hexamethylen-tetramine, first recommended by Nicolaier under the name of Urotropinas a genito-urinary disinfectant, has recently found a very general application in gout and the uric acid diathesis. Aminoform, by which name this chemical is now known, gives most excellent results in doses of 15 grains three times daily. This is best given in a whole glass of cold water and before meals, the drug being virtually tasteless. Possibly the laxative effect which is noted is due largely to the diluent. It not only prevents the formation of tophi and like manifestations so multiform in character yet peculiar to the disease, but also favors the removal of the deposits already formed about the joints. It is, of course, invaluable as a germicide in the genito-urinary tract, producing astonishingly favorable results in most cases of cystitis. Its utter harmlessness withal is a feature by no means of minor importance. The drug may be taken continuously for months and in large doses without producing any untoward effects whatever.

R. Frank C. Brown, M. D., of Providence, R. I., reports the following case:

November 10, 1897.—Mr. H——, lawyer, aged thirty, unmarried. Has gonorrhea, third stage; profuse discharge, painful micturition, chordee. Has had two previous attacks. Ordered restricted diet and lithia or vichy for drink. Injections of plain, hot water four times a day, six ounces each time, followed by two ounces of solution prepared from a pint of boiling water and one drachm of Tyree's antiseptic powder.

November 17.—Patient shows a marked improvement. Discharge less profuse and more "watery" in character. Micturition less painful, much less frequent, and has had only one attack of chordee since first seen. Continued same treatment.

November 24.—Patient urinating without pain; no discharge; no chordee since last seen. Discharge cured and reported two weeks later that there had been no return of the trouble. When leaving my office the patient said: "Doctor, that powder you gave me for injection must be 'great stuff,' for I got out of my trouble the quickest and easiest I ever did.'

Elkoeine is sold on its merits, so you take no risks, when you buy elkoeine; if not perfectly satisfied after using all, return the cans and get your money back.

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There are few surgeons more widely known than Dr. J. B. Murphy, of Chicago. Dr. Murphy endorses the celebrated self-ventilating "Acme Hygienic Mattress" in the following terms: "I have had an excellent opportunity of observing the practical use of the acme hygienic mattress. For hospital as well as private use acme hygienic expresses what should be stated in its favor. It has been very satisfactory in every way and I cheerfully commend it." An endorsement from such a source must command attention. Free descriptive booklets with full particulars and special introductory offers will be forwarded to any doctor who writes the Acme Spring Bed Co., 572 West Forty-Third Street, Chicago, Illinois.

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The maltzyme preparations are a valuable line of products, useful in impaired nutrition and the various morbid conditions which result from the reduction of vital activity. Maltzyme itself, or plain maltzyme, is a concentrated extract of malt, prepared by a new and improved process. It contains a large proportion of diastase and is, for that reason, an excellent remedy in case of indigestion of starchy food with the concomitant flatulence and colicky pain. It also possesses the virtue of palatability. It is readily taken by children and fastidious adults. Maltzyme has been found beneficial likewise in gastric ulcer.

Maltzyme is produced by the Malt-Diastase Company, of No. 1 Madison Avenue, New York, who have also given a more comprehensive range to the preparation by medicating it with certain valuable remedies. Thus, for example, they have incorporated with it codliver oil, cascara sagrada, and hypophosphites. These combinations enhance the value of the maltzyme and render it applicable to the many disorders of health in which the drugs named are of service.

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Dr. Joseph Adolphus reports good results from the use of a saturated tincture of passiflora incarnata in quite a variety of conditions, especially where a nerve sedative is required. He prefers the preparation made by John B. Daniel. He states that unless a thoroughly reliable preparation is secured, the results are not so good. He claims that passiflora is a very certain hypnotic when much pain is not present. It is especially of use as a hypnotic in fevers unaccompanied by an inflammation of the meninges. In low muttering delirium, it has been found of great benefit. Being far superior to other remedies usually prescribed. Passiflora succeeds in quieting the distressing and fatiguing afterpains that harass some women after parturition. Among other indications for its use are convulsions in children, sleeplessness, enuresis, hysteria and as an antispasmodic.

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In leucorrhea and allied conditions, the physician has often to combat not only the disease, but the disinclination of the patient to submit to local medication by the doctor and her unwillingness to use the inconvenient injectional treatments. H. M. Merrell Co., Cincinnati, are issuing a "vaginal disc," for use by the patient, which obviates these inconveniences, and gives far better service than the ordinary local treatment. The "discs" are composed of ext. hydrastis, ext. helonias, opium, boric, tannic, and gallic acids, in combination with thymol and eucalyptol. They are inserted, by the patient, at night and slowly disinte-

grate in the vaginal canal. The surfaces have a long exposure to the medicament, a condition impossible where injections are used. Aside from the value of these "discs" they recommend themselves to the patient by the fact that they are not put up in the manner of "secret-formula" remedies. The formula appears in full on the label, and they are never sold to the "laity" under any circumstances. The price of these discs is $1.00 per 100, but the makers will send any physician a simple package of 25 on receipt of thirty cents.

If the doctor had never accomplished anything more definite in his life than the relief of pain, than amelioration of human suffering, he would not have lived in vain. It is all very well to say that pain is physiological, that it is the cry of the nerve for more blood, yet its continuance cannot be borne by the patient, even by the most heroic Spartan. Long continued pain is dangerous, and while of course we never wish to obtund and remove it so completely as not to be able to ascertain its cause, and remove the same, yet, the best interest of our patient requires from time to time the administration of that which is opposed to pain. Remedies like opium which relieve the pain and at the same time are exhilarating and alluring in their effects are most oft times dangerous in the remote demoralization which they produce upon our patient. A remedy for the relief of pain which does not tie up the secretions, which carries with it no exaltation and no fascinations which tend in the direction of developing drug habits is a desideratum. Five-grain antikamnia tablets certainly meet this necessity. Antikamnia is also more prompt and decided in its action in labor than opium and has none of the unpleasant after-effects. It may be continued in smaller doses to control after-pains, and rather favors than interferes with the secretion of milk.

The following show that that useful preparation, sanmetto, has uses which will be new to many:

I have used sanmetto with profit in a case of a young woman who was troubled with a very irritable bladder and urethra, caused from an excess of uric acid crystals in the urine. The sanmetto accomplished what I did not expect. The mammae had never developed very much, nor the chest and shoulders. She was also quite anemic. I gave her a bottle of sanmetto with no apparent improvement except toward the last she felt a little more vitality. I then procured another bottle at the drug store here and gave her about half of it. There is now marked improvement in her general health, the mammae are about double the former size; her shoulders and neck are becoming very much more plump, and her chest is so much broader that she can scarcely wear the clothing worn before. She is looking very much better. But nothing seems to dissolve the uric acid crystals as yet.—F. E. Doane, M. D., Kansas City, Mo.

I confess that I have used sanmetto for years and always with excellent satisfaction to myself and patients. This case for which I ordered sanmetto was on the experimental order. Young lady, about twenty-one and contemplating marriage, to her exceeding sorrow she had practically no bust development whatever. I wanted to know whether sanmetto would have any decided effect upon the mammary glands or not. She has taken one and one half bottles, and bust measure has increased over one inch. The bosom, though small, is now well formed and firm.—J. F. Locke, M. D., Long Prairie, Minn.

GLEANINGS

FROM RECENT MONOGRAPHS.

In this department we present some of the good ideas from late monographs, of which we receive a great many, some of which have never been published in a journal. We invite medical authors to send us copies of their monographs; while our space does not permit us to refer to all the valuable ones received, yet we shall mention as many as possible. We invite our readers to discuss in the pages of the Recorder, the ideas here presented.

COLLECTIVE REPORTS ON GLYCERINIZED VACCINE LYMPH, by Albert C. Barnes, M. D., Philadelphia. Reprinted from American Gynecological and Obstetrical Journal.

The recent widespread epidemic of small-pox in the United States has necessitated general vaccination which has afforded excellent opportunities to determine the exact actual and comparative value of glycerinized vaccine.

For the past ten months I have been collecting reports from various infected districts in an effort to ascertain not only the actual value of glycerinized vaccine as a protective against small-pox but its relative value compared with vaccine points, quills, crusts, and the older methods of producing vaccination.

Other objects to be determined were (1) the value of glycerinized vaccine as a preventive of small-pox; (2) the proportion of successful "takes" in both primary and secondary vaccinations; (3) the relative frequency of complications, such as diffuse inflammation of the vaccinated area—cellulitis, lymphangeitis, lymphadenitis, ulcerations, abscesses, etc.—which so often follow the use of vaccine points.

The methods of inquiry adopted in this investigation, were by circular-letter and personal inquiry. by large numbers of physicians throughout the country.

In a certain number of cases where wholesale vaccination was practiced, as for instance by health authorities, exact figures could not, for various reasons, be obtained. However, in such instances, the reports were conservative and were none the less illustrative and convincing.

In Baltimore, where for several months there has been a number of cases of small-pox, there were employed by the health authorities and physicians in private practice considerable over 100,000 tubes of glycerinized vaccine. Those vaccinated were periodically observed until the success or failure of the vaccination was determined. In not a single instance did small-pox occur in a person vaccinated with glycerinized lymph. Conservative estimate places the number of successful takes at 95 per cent. in primary cases. The vesicles in most instances were typical and uncomplicated with staphylococcic and streptococcic infection. The number of excessively sore arms did not exceed one per cent. of the total number vaccinated.

In Minneapolis, in one series of 3,045 vaccinations with glycerinized lymph there were 29 failures, all of which were in secondary cases, i. e., those who had been previously vaccinated. In the same city a second series of 3,875 vaccinations resulted in four failures in primary cases and 51 failures in secondary cases. All the data collected from Minneapolis show a proportion of 95 per cent. successful "takes" in primary cases and 75 per cent. in secondary cases.

A large number of private reports show that glycerinized lymph yielded from 90 to 100 per cent. of successful takes in primary cases and from 60 to 75 per cent. in secondaries.

Conclusions: This investigation proves conclusively that the recommendation of the United States Marine Hospital Service that "glycerinized vaccine only should be employed." ("Public Health Reports," January 9, 1899) is well substantiated by experience, because:

1. Properly prepared glycerinized vaccine is pure and free from staphylococci, streptococci, and other pathogenic organisms which are invariably found (Copeman, Crookshank, Pfeiffer, Reed, U. S. A.) on vaccine points.

2. Glycerinized vaccine affords absolute protection against small-pox; vaccine points are uncertain in this regard.

3. Vaccination with the glycerinized products does not cause excessive inflammation of the vaccinated area. Cellulitis and inflammation of the lymph vessels and glands, amounting at times to abscess formation, is a not infrequent sequence of the use of vaccine points.

4. Vaccine points are apt to lead to a false sense of security, inasmuch as they induce a local staphylococcic or streptococcic infection, which is entirely distinct from true vaccination. Such a result is not protective against small-pox.

5. A high estimate of successful takes from vaccine points, is by these and numerous other reports shown to be not over 60 per cent. in primary cases and a much lower percentage in secondary cases.

5. Glycerinized vaccine has been officially adopted by the governments and health authorities of the United States, Great Britain, Germany, France, Russia and Belgium. It should be universally adopted in private practice.

In the Recorder of May, 1898, we presented the claims of glycerinated vaccine virus and we are glad at this time to present the results of extensive experience and investigation. When glycerinated virus is used exclusively, the present prejudice against vaccination will disappear. While considering this subject the following extracts from an article on the subject by Dr. Henry Wallace, of Brooklyn, in the Brooklyn Medical Journal will be of interest:

During the summer of 1898, while acting major and surgeon of the Forty-seventh Regiment, New York Infantry, United States Volunteers, application was made to the surgeon-general of the United States army for vaccine virus for the protection of the regiment. Within forty-eight hours a supply sufficient to vaccinate the entire command was received from Pocono Biological Laboratory. The virus (glycerinated) was put up in Sternberg bulbs, ten in a package, witn an equal number of needles for scarifying, and heavy orange-wood toothpicks for rubbing the vaccine in.

As a result of such an enormous number of vaccinations a rather large number of sore arms, constitutional disturbances, and a great many men relieved from duty as a consequence were expected.

To our great surprise and relief we had less than half a dozen really sore arms and but very few men laid off from full duty.

The pocks resulting were typical, and the almost complete absence of inflammatory reaction remarkable. To be sure, every man's arm was thoroughly cleansed, the needle flamed, and the scarification protected with a small sterile gauze pad held in place by a couple of strips of adhesive plaster, after the vaccination. Men who said that they had been repeatedly vaccinated without success responded to the glycerinated virus.

As a result of this experience I have used it since in private practice with equal success.

For the purpose of making vaccine, heifers three ta six months of age are selected and are isolated for observation for at least a week. Young animals are chosen, for the reason that their skin is finer and more delicate, and also because they are much easier to handle.

When an inoculation is be performed the calf is led to the operating-room, strapped to the tilting-table, and in a few moments is ready for the operation. The hair is cut very close over the abdomen and upper femoral regions and is then very carefully shaven and scrubbed with soap and water, leaving the skin looking beautifully pink and soft.

The operator and his assistants don their white duck suits and scrub up. All but the prepared portion of the animal is covered with a clean sheet and towels, and then, with a sterile scarifier, a large number of abrasions are made over the bared area. These scarifications are probably an inch to an inch and a half long by an inch wide, and reaching down to the rete Malpighi, just so as not to draw blood. At least one hundred to one hundred and twenty of these are made, the calf apparently not much discommoded.

The inoculation of a sterile glycerine virus is made, avoiding the reproduction of extraneous organisms as always occurs where the virus is carried from animal to animal by large points or spades, as they are called. Shortly after the spots are thoroughly impregnated the calf is returned to the stable,

For the next four or five days, or until the vesicles are well formed, the calf is apparently well and, apart from an occasional elevation of temperature (rarely exceeding one degree), has a good appetite and acts perfectly well.

By the fourth or fifth day, as stated before, this virus is collected. The calf is brought again to the operating-room and placed upon the table.

The points that surprised me were the appearance of the vesicles; they were formed along the course of all the lines and cross lines of the scarifications, and the total absence of any inflammatory areola. Here and there, between the scarifications, could be seen isolated and typical umbilicated vesicles. Sometimes the inguinal glands are found enlarged, but there was no pus visible to the naked eye. With a sterile Volkmann sharp spoon the vesicular growth is removed from all the scarifications and placed in a sterile jar. This pulp is found to contain streptococci and staphylococci.

The removal of the pulp allows to exude in greater or less quantity, according to the size of the vesicles, serum; ivory points are covered with this, allowed to dry and are ready for use.

After all available serum is collected the calf is released from the table and returned to the stable, where she remains for several days; later, the calf is allowed its freedom in a corral and by the end of two weeks is sent home to its owner in prime condition, having spent about four weeks on the vaccine farm.

The further history of the pulp is this: It is weighed, thoroughly triturated with a certain quantity of glycerine, placed in a sterile culture-tube, sealed and stored in a refrigerator. A culture of this glycerinated virus on agar in a Petri dish shows numerous colonies, as said before, of pus-organisms. At the end of the week the number of these colonies is found to be less, so that by the end of a month the material is found to be sterile, showing the germicidal and preservative action of glycerine.

Here, then, let me call attention to the comparison of virus collected on points and the glycerinated virus, and show why the former should not be used when the latter can be obtained.

In the first place, the quantity of virus obtained on a point is uncertain, in the second place, it is unavoidably infected with extraneous organisms; further, where the point virus is obtained, makers are said to wait until the seventh or eight day of the vesicular development in order to collect enough serum to make the process

pay, when by this time it is well infected by pus-organisms.

At the end of the month the glycerinated virus is sealed in tubes or Sternberg bulbs for the market.

Although the health board of New York City antedates Dr. Slee by several months in the production of glycerinated pulp virus, still it is to him that the credit belongs of preparing it in quantities large enough for commercial uses.

The United States army, which has been using the preparation during the present war, is supplied now only with virus in tubes or bulbs, the medical authorities realizing the superior value of a glycerinated virus.

This paper is presented to the profession; feeling that it might interest such as were not acquainted with the modern production of vaccine virus.

INVOLVEMENT OF THE EAR IN CEREBRO-SPINAL MENINGITIS. By William Cheatham, M. D., of Louisville, Ky.

Having been consulted by several practitioners lately upon the above subject, it is well to give symptoms relating to the ear as may help in making out the diagnosis.

In addition to the symptoms characteristic of meningeal inflammation, we have vertigo, sudden loss of hearing, and intense tinnitus. In very young children the vertigo may be the only evident symptom, on account of the age of the patient. Occurring in older individuals, the access of subjective noises is usually sudden, while their intensity is so great as to be agonizing. The hearing is either completely destroyed at once, or this condition occurs at the end of a few hours after the appearance of the symptoms. Preceding these marked evidences of labyrinthine invasion, the power of audition may be abnormally acute, probably from the hyperemic condition of the labyrinthine structures. This hyperacousis may be so marked that faint sounds even are painful, the patient starting at the slighest noise, and complaining of an increase in the headache characteristic of meningitis. After a short time the subjective noises diminish, owing to the destruction of the terminal filaments of the nerve, and the hearing remains profoundly impaired for the same reason. The power of equilibrium gradually returns, although this is more slow, perhaps, than the disappearance of the subjective noises. The involvement of the middle ear is evidenced by the ordinary symptoms of acute purulent inflammation when arising from any other cause than that under consideration.

The body of the nerve is often involved. Deafness may be also the result of implication of the cortical center, one and two temporal convolutions. The sound is heard, but not interpreted. By means of the galvanic current and the tuning-fork differential diagnosis can be made here.

Deafness, the result of epidemic cerebrospinal meningitis does not increase after recovery from the primary disease; the hearing is more liable to increase than to diminish, when the labyrinth alone is involved. When the trunk of the nerve or the cortex are involved the symptoms go as the meningitis progresses or recedes. When the trunk is involved the middle part of the musical scale is interfered with; conversation is therefore perverted; there is simply impairment of the hearing. When the lesion is labyrinthine, in the early stages there is distressing tinnitus. When the nerve-trunk or cortex alone is involved there is no tinnitus. When the pressure upon the cortex or nerve-trunk is made tinnitus ceases. If the lesion is in the labyrinth the lower tone-limit is usually normal, and the upper tone-limit lowered. When the middle ear is at fault instrumental examination shows it.

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ORIGINAL ARTICLES.

THE DIAGNOSIS OF DISEASES OF THE STOMACH.

LECTURE DELIVERED AT JENNER MEDICAL COLLEGE.

By Walter B Metcalf, M. D., Prof. of Diseases of Stomach and Intestines, Reliance Building, 100 State St., Chicago.

The diagnosis of the diseases of the stomach is based, as in other organs, subjectively upon the statements of patient, and objectively upon the results of our examination. I shall disregard the former, as this will be discussed in the description of each disease.

For the latter we may utilize, first, the so-called methods of physical examination-i. e., inspection, palpation, auscultation and mensuration; secondly, the analysis of the chemical. absorptive, and motor functions of the organ–in short, the investigation of the digestive activity of the stomach.

The physical methods are so well known that they may be summarily dismissed, and we may at once pass to the consideration of the functions of the stomach.

Although it is a part of my task to discuss the pathology of the stomach, it is nevertheless obvious that pathological deviations from the normal can only be recognized and properly treated after the normal conditions are thoroughly understood, hence I must also briefly consider this topic.

Formerly this was hardly possible, as long as we were restricted to the inadequate external signs and the subjective complaints of the patient; but now a very important factor in the methods of examination has been supplied since we have learned to obtain the contents of the stomach at any time in an easy and rapid way, which is also convenient and safe to the patient.

This is accomplished by means of the hard or soft rubber stomach-tubes, and with the general use of these instruments the new era in the pathology of the diseases of the stomach began.

Before entering into the discussion of our theme, permit me to make a few brief introductory remarks. The methods which have recently enabled us to obtain a better knowledge of the chemical processes in the stomach have thrown a light upon the pathology of dyspepsia and the irregularities of gastric digestion which is analogous, comparing a small matter with a great one, to what the ophthalmoscope did in its day for the retina, and the laryngoscope for the interior of the larynx.

It was inevitable that this method should soon be favorably received, and that it should have been very extensively used during the past few years in the hospitals and general practice.

In the course of these lectures you will see how closely the diseases of the stomach are related to those of other organs, how complicated this relation is, how often the symptoms are deceptive, how frequently in an apparent stomach disorder entirely different organs are really involved.

Uses of the stomach tube are: 1st, the tube is used to obtain the gastric contents for chemical and microscopical examinations; 2nd–The second indication for the introduction of the tube is the treatment of marked atonic states. 3d-Secretory anomalies due to various causes, and associated with violent pain when other methods have failed; 4th--Chronic mucus catarrh of the gastric mucosa; 5th--In rare cases the tube may be used for suggestive purposes, and then only a limited number of times; 6th--In cases of poisoning; 7th--Vomiting of pregnancy.

Contra-indications.—Serious heart disease; arterial degeneration due to old age; syphilis; Anurism; Gastric-ulcer; Ulcerated Gastric Cancer; Enlarged Tonsils; or other pharyngeal disease sufficient to obstruct respiration with the tube in sight.

CLASSIFICATION OF GASTRIC DISEASES.

The studies upon the diseases of the stomach which have been prosecuted with so much vigor and success during recent years have necessitated a considerable alteration in their classification as compared with that found in the older text-books.

However convenient it was from a clinical standpoint to speak of atonic dyspepsia, acute dysepsia, flatulent dyspepsia, nervous dyspepsia, gastric catarrh, and the like as always separate and distinct entities, to follow this course at the present time would be to disregard the now well-determined pathological conditions present in the different gastric disorders.

For instance, the term "catarrhal" cannot be properly applied to the mucous membrane of the stomach; in-asmuch as nearly every condition commonly called by this name involves a disturbance of the gastric glands, and not merely of the surface of the mucous membrane, and is consequently a parenchymatous disorder.

It is only when the orifices of the glands, i. e., the surface of the mucous membranes, are alone involved that the term catarrhal can be properly used, and such a condition must be very unusual owing to the tendency to more extensive pathological changes which even mild cases undergo.

The subject of classification is, indeed, an exceptionally difficult one. There certainly are numerous cases in which mere functional disturbances largely predominate, and some in which the whole condition would appear to be dependent upon a nervous disorder. At the other end of the scale are cases in which there is beyond doubt extensive inflammatory alteration of the mucous membrane. Between these extremes there are disturbances of all degrees.

The existence of gastric neuroses, including purely functional, non-inflammatory affections, must be admitted; but in addition to these there are the inflammatory gastric diseases, which, however, are always accompanied by disturbance of function. It is often difficult or impossible to determine from the gastric aymptoms alone which cases are functional only and which have some inflammatory change as a basis or accompaniment.

The various attendant symptoms connected with other parts of the body, the condition of the general health, and the like, may need consideration in order to throw light upon this point.

It is evident, therefore, that any classification adopted must be allowed a certain lattitude. Nevertheless, the more the subject is closely studied, the more frequently does an element of inflammatory change show itself to be present in some degree, and the number of cases of purely nervous disturbance is proportionately reduced, although some still remain undoubted members of the class.

Under gastritis, either acute or chronic, may then be classified all those cases in which it is probable that some inflammatory change is present; including here all those cases commonly spoken of as gastric catarrh. Under neuroses of the stomach may be placed the cases of simply nervous disease, whether of the nature of a dyspepsia or of other sort. Cancer, ulcer, and some other conditions must receive separate consideration.

PHYSICAL METHODS OF EXAMINATION OF THE STOMACH.

Without any special mode of procedure the position and size of the stomach can sometimes be partially determined by percussion. The liver, however, covers a part of the right boundary, and the left boundary also cannot be satisfactorily determined. The upper border is partly covered by lung. The lower boundary, which after all, is the important one, can often be located by the difference in the percussion-notes of the stomach and the adjacent colon and small intestines.

Frequently, however, percussion done in this manner is unsuccessful.

The developement of a succussion splash by striking the stomach with the tips of the fingers of one hand has been recommended as a reliable means of outlining the organ. It is, however, often unsatisfactory.

Palpation should be practiced with the hand placed horizontally, and the pressure should be gentle and gradually increased, in order to avoid producing contraction of the muscles or pain. Sometimes the knee-elbow position will bring to light conditions not discoverable when the patient is upon the back.

To aid ordinary physical examination special methods have been recommended. Leube advocated passing a stiff sound into the stomach and feeling for its end through the abdominal walls. The method is not unattended by danger if ulcer be present, and is not to be recommended for various other reasons.

The end of the tube can only be felt if the abdominal walls be relaxed; it does not always reach the lowest portion, but may impinge upon some other part of the wall of the stomach; and, finally, in cases of vertical position of the stomach, the position of the tip of the sound leads to fallacious conclusions.

Distention of the stomach with carbonic dioxide, first advocated by Frerichs, is a common and favorite method of determining the gastric boundaries. The patient should drink one teaspoonful of bicarbonate of sodium dissolved in a little water, and immediately after this the same amount of tartaric or other vegetable acid dissolved in water. The distention of the viscus which ensues often renders the boundary distinct, or carbonic dioxide air may be pumped into the stomach through a stomach-tube connected with a hand-bulb apparatus. This has the advantage that the amount of air introduced can be accurately registered.

The method proposed by Piorry consists in allowing the patient to drink, or administering to him through a tube, several glasses of water, and then determining the lower border of the percussion dulness while he is in the erect position. This dullness, which shifts when he again becomes

recumbent, represents the lower limit of the dull area after each ingestion.

These methods are not always conclusive, since loops of intestine may lie in front of the stomach and interfere with the percussion; and it is, further, not always easy to distinguish between colon and stomach even when this interference does not occur.

It is, therefore, sometimes well to fill the stomach entirely with fluid, and then to contrast its dulness with the tympany of the colon; and, to help in the matter, air may be pumped into the colon from the rectum, and its percussion note altered in pitch in this manner. The reverse may be done and the stomach emptied of liquid contents, and then filled with air or with gas while the colon is filled with water.

The deglutition murmurs may be auscultated just below the xyphoid cartilage while the patient swallows some water The first murmur is heard at the very beginning of deglutition and is a hissing sound. The second murmur is audible six or more seconds later and is of a gurgling character. The first murmur is very often distinct, the second rarely so. Their presence is of no diagnostic value, but the absence of the second sound is to be noted in stenosis of the cardia.

The succussion splash may be sought for by shaking the patient while recumbent, or by striking over the region of the stomach with the finger-tips.

Various methods proposed for direct mensuration of the stomach are not very satisfactory. A stiff sound introduced should pass about twenty-four inches from the incisor teeth. The same objection, however, applies to this as to Leube's method of palpating the tip of the sound; that namely, the conclusions are liable to be fallacious.

It has also been recommended to fill the stomach with water and then to remove and measure the amount used; but it is difficult to determine just when the stomach is filled. Other methods have been proposed, but have not found general acceptance.

Gastroscopy was recommended by Mikulicz, but it is impracticable for ordinary employment. A gastrodiaphane was invented and used by Einhorn.

It consists of a small stomach-tube with a little electric light as its gastric extremity. The stomach should be distended with water and the tube introduced. The position and limits of the organ are denoted by the dull red light seen through the abdominal walls.

It is apparent to you that the methods described are at best indefinite and unsatisfactory. It is my pleasure to present to you the results of my experiments in examining the stomach aided by the X-rays. My claim is that the work is original, that the value of the method of examination is far in advance of any that we have heretofore used. By it the stomach can be difinitely outlined, giving its size, shape and position.

This is accomplished by filling the stomach, cavities or tracts with what I have termed my bismuth emulsion. Bismuth, a metal, is impervious to the X-ray as compared with animal tissue and bone, thus making it possible to see the shadow outlines of the cavities or tracts filled with the bismuth through either animal tissue or bone. Experiment showed that it was not necessary to have the dry metal, but that if it be held in suspension, its opacity is governed by the percentage of bismuth present. The bismuth emulsion is non-toxic, non-irritating, and can be made antiseptic, making it possible to fill any accessible cavity.

(To Be Continued.)

DIABETES MELLITUS

By H. Speier, M. D., Janesville, Wis.

A paper on diabetes seems never out of place. The subject is always of interest, as every physician is sure to meet cases of this disease. Its symptoms are definite and clear so that a mistake in diagnosis cannot easily be made and yet we know very little of its true nature. At the International Congress at Berlin diabetes was one of the subjects of discussion participated in by the foremost men of various nations; the Bradshaw lecture delivered by Dr. Saundby in 1890 dealt with the pathological anatomy of diabetes; the meeting of the British Medical Association at Montreal 1897 gave much time to the subject and a great deal is being written about it continually. Yet Dr. Osler in his well known and much quoted work cannot define diabetes better than that it is "a disorder of nutrition in which sugar accumulates in the blood and is secreted in the urine the daily amount of which is greatly increased." The question as to the true nature of diabetes is intimately connected with the question as to the physiological significance of sugar, its formation and office within the human organism. It is still an open question. Gould says in the Year book for 1899: "The pathogenesis is still obscure in some particulars. The role of the liver in particular merits more extended study and the relations of general metabolism to this form of glycosuria have not been cleared up." The name of Claude Bernard is closely associated with it, from his researches dates what knowledge we possess at the present time. He teaches that sugar is a very important and normal product of the organism. The liver is the organ which produces it in the form of glycogen which by a special diastatic ferment is converted into sugar. Glycogen results from the digested food, both carbohydrates and proteids. The blood comes from the liver laden with sugar which it carries through the right heart and the lesser circulation into the arterial system and the capillaries, where oxidation takes place, so that the venous blood returns almost free from sugar. Normally the quantity of sugar in the blood is so small that no transudation takes place, but under certain pathological conditions it increases and then is excreted, mainly by the kidneys. The increase is due to over stimulation of the functional activity of the sugar producing organ, the liver. Such stimulation can be produced artificially, principally by irritation of the central nervous system, e. g. a puncture of the floor of the fourth ventricle near the origin of the pneumogastric, section of the lower cervical ganglion, the first dorsal or last cervical nerve, injury of the vertebral plexus and the sympathicus. The same result can be obtained by injection of curare, amyl nitrite, morphine, salt solution. But if the splanchnic nerves have been cut previously, neither injury to the medulla nor injection produce diabetes. Bernard's explanation is that the various insults constitute an irritation of the vasomotor system which causes a hyperaemia of the liver and consequently an increase of its functional activity. Ergo: diabetes is not a disease of the liver, but of the vasomotor nervous system. Many objections have been raised against this theory. Chiefly by Pavy who claims that the liver contains normally no sugar, only glycogen. The latter is converted directly into fat in the healthy state and sugar is formed only when it enters the blood. If under the influence of certain nervous irritation the liver loses its power of converting its glycogen into fat the glycogen is stored up at first and then taken up by the blood where it is converted into sugar. In a lecture delivered about a year ago.

Pavy modifies his views to some extent. He teaches now that the conversion of the carbohydrates into fat and principles takes place in the intestines. He still maintains that normally no sugar is present in the blood. When it appears it means intestinal malassimilation. But other investigations prove the presence of sugar in the blood of healthy persons, to the amount of about 0.2 per cent.

A logical theory is that elaborated by Cantani of Naples, chiefly commendable for the fact that it agrees with the known pathological anatomy of diabetes. He considers sugar one of the normal constituents of blood. It is derived from the food. Part of it is stored up in the form of glycogen in the liver and the muscles. The other part formed directly by the digestive ferments is taken immediately from the digestive tract into the circulation and carried to the various parts of the body to supply their needs. In diseased conditions the organism cannot assimilate the circulating sugar and it is excreted by the kidneys. The disease is then, primarily, one of the organs which furnish the ferment by which starch is converted into glucose, chiefly the pancreas which indeed is generally found diseased on post mortem examinations. At first only the sugar taken directly from the digestive tract remains unoxidised and becomes a foreign substance, while the glycogen continues to be converted and used up. Later the glycogen of the liver likewise fails to be assimilated and is excreted as glucose. By complete withdrawal, therefore of carbohydrates in the earlier and lighter stage of diabetes, the accumulation of sugar in the blood is arrested. In the second stage this regimen may diminish the sugar, but will not make it disappear entirely.

In all probability diabetes mellitus is a disease of diverse origin. One of the best clinical observers of Germany, Senator of Berlin, presents the view and speaks of a neurogenic, a gastro-enterogenic and a hepatogenic diabetes. The former would correspond to Cl. Bernard's diabetes produced by injuries of the nervous system, the second, gastro-enterogenic form would depend upon an increased amount of sugar in the blood of the portal system and in the chyle owing either to defective fermentation within the intestines or to hastening of the resorption. The third, the hepatogenic form, is caused by hyperaemia of the liver, in consequence of which the glycogen passes more readily and in larger quantity into the blood and is converted into sugar, or is carried by the increased force of the blood-current, without being stored at all, right through the liver. Osler, in his work on practice, makes practically the same three divisions.

a. The ingestion of a larger quantity of carbohydrates and peptones than can be warehoused in the liver as glycogen being equivalent to Senator's gastro-enterogenic form.

b. Disturbances of the liver function (1) changes in the circulation under nervous influences—the neurogenic forms; (2) instability of the glycogen defective assimilation of the glucose—the hepatogenic form.

I have gone into these questions somewhat at length, for it is here, in the physiology, where we must look for fuller knowledge and where investigators have to do more work.

Diabetes is a disease of adult life, most cases occur in from 30 to 60 years of age, rarely in children, though cases are on record of children under one year of age. The case which led to this paper was a boy aet, 13. Men are more subject to it than women. Hereditary influences are important. My case: father is a dyspeptic and a heavy drinker, who used to go on occasional prolonged sprees and whose urine I have examined repeatedly on

suspicion, mother neurotic, one sister gastric trouble, one cousin I have treated for gastric ulcer. Hebrews seem to be particularly prone to it. I doubt if this is true of them as a race. Does it not rather apply to the Jews of the cities here and in Europe, who generally engage in occupations requiring little physical exercise and indulge at the same time in rich food? I do not know the percentage of diabetes among the Jews of Eastern Europe, Russia, etc., where their life is one of poverty and hardships. Habitual overfeeding will bring on diabetes, usully of a milder type, the gastro enterogenic form, also diet over rich in farinaceous and saccharine food. Irritation of the nervous system may cause diabetes, such as a tumors, traumatic lesions, or merely mental affections. Mental shock, severe nervous strain, intense application to business in men, who are gross feeders and take little physical exercise is not infrequently followed by diabetes. A series of observations of so called conjugal diabetes have been reported, cases in which the wife acquired the disease after the husband. Of course the same general conditions of life may bring it on in one as well as the other. It is not clear how a contagion could exist, as certainly diabetes has not yet been classed as germ disease.

The only real advance in the knowledge of diabetes has of late been made in the pathological anatomy. Lesions of the nervous system are not constant. There are tumors of the 4th ventricle and the medulla. Osler has seen a case of cysticercus of the 4th ventricle. A tendency to formation of cysts in the white matter of the brain seems to exist. Tumors have been found pressing on the vagus (experimental diabetes) also nutritive changes in the chord. Enlargement and thickening of the sympathetic nerves and ganglia have been observed.

There are no characteristic lesions of the heart.

Alterations in the lungs occur commonly, being congestion, congestion with oedema, broncho-pneumonia, croupous pneumonia and tuberculosis. Fat-emboli are not uncommon.

The liver is usually enlarged, fatty degeneration is common, interstiti al hepatitis, distinct cirrhosis present at times. This is usually accompanied by pigmentation of the skin.

The most important changes are found in the pancreas which in a majority of cases is found atrophied. A number of well observed and reported cases of disease of the pancreas being followed by diabetes seem to prove the relation between the two diseases. Experimentally extirpation of the pancreas has been productive of diabetes. But if a minute portion of the gland is left diabetes does not follow. Merely ligating the pancreatic duct does not produce diabetes either. It is to be inferred from this that the pancreas besides secreting the pancreatic juice which passes into the intestines elaborates a ferment which is glycolytic and passes into the blood.

The kidneys are always affected, but the changes are not characteristic. There is commonly fatty degeneration and hyaline changes of the epithelium.

The symptoms of diabetes are so well known that we may be satisfied with merely enumerating them: Polyuria—from 6 to 40 pints daily. Urine pale, high sp. gr., containing sugar. The chemical tests for sugar are well known. Great thirst, in proportion to amount of urine passed. Mouth and tongue dry, peculiar sweetish odor of breath. Arrest of perspiration, dry skin, itching. Tendency to cataract. Frequently great hunger, but steadily progressing emaciation. Boils and carbuncles are common with a tendency to gangrene. Albuminuria a frequent complication,

often preceding coma. Diabetic coma carries off a considerable number of cases. It may occur, when diabetes is unsuspected and be the first sign. (Gen. Hancock.) The peculiar odor as of chloroform is very marked as a premonitory sign. There is great distress and dyspnoea, in the early stage, before the coma becomes profound. Temperature is low, convulsions are absent. The coma is usually ascribed to the presence of acetone in the urine which indeed has the same odor, but the matter is yet under dispute. A certain complex of tabetic symptoms is not infrequent in diabetes.

Death results in a great number of cases from lung complications, mainly pneumonia and tuberculosis. Until recently the phthisis of diabetes was held to be non-tuberculous, but late investigations disprove this. Osler, indeed, states that in all his cases he found the bacillus.

Diagnosis of diabetes is clear.

Prognosis is bad. Age is important, as a rule the younger the patient, the more unfavorable the prognosis. The disease is invariably fatal in children; persons over 40 years old may live many years with the disease. Cure is very rare in true diabetes. The gastro-enterogenic form, that of overfeeding, is often only transitory. Likewise the form induced by mental shock or temporary nervous strain.

Treatment is empirical. It could not be otherwise with our imperfect knowledge of the nature of diabetes. We depend mainly upon the regulation of the diet, restricting carbohydrates to a minimum. If under the regimen the sugar disappears from the urine, we can gradually allow a return to common diet, but most diabetics cannot do it safely. Saundby sums up: The tendency among modern authorities on diabetes is decidedly toward modified diet. There is a general feeling that the very strict dietary is rarely followed and is often harmful—in many cases it is advisable to allow a certain amount of starchy food. In each case an effort snould be made to determine the capability for carbohydrate metabolism. Patients should be kept on strict diet for seven days—eggs, bacon, green vegetables, tea, coffee, gluten-bread. At the end of this time, if sugar is still present, the case is a severe one. If it has disappeared, carbohydrates may be added cautiously in small quantities, so as to afford a fairly mixed and tolerable diet. Physicians meet the greatest difficulty in finding a palatable substitute for bread. Medicinal treatment is unsatisfactory. Opium, morphine, codeia are most to be relied upon and diabetics are particularly tolerant of them. Codeia may be increased to 6 or 8 grains a day. Some men of large experience reject those narcotics in diabetes just as strictly as they would in appendicitis. But it has no effect when strict diet is not adhered to. Alkalis, salycilates, bromide of arsenic or potassium have all been recommended. Intestinal antiseptics have found favor with some. Nitrate of uranium has succeeded well in some hands, failed in others. It might be expected that some form of pancreatic extract would be useful, reasoning from analogy with thyroid extract. But no satisfactory results have been obtained from it, nor from extract of suprarenal capsule which has been tried lately.

The above paper was read at the regular meeting of the Rock County Medical Society, in this city, November 4. We are glad to be able to present such a thorough paper on diabetes to our readers. Dr. Speier has condensed into this paper the leading theories and facts relating to the etiology, diagnosis and treatment of diabetes. However, if any of our readers have any different ideas we shall be glad to have them.—Ed.

DIGESTION AND ASSIMILATION.

By Dr. Edw. C. Rothrock, Tennessee Colony, Texas.

The aim of all medical researches is the treatment, cure and prevention of disease. It is well for a medical man to be well informed, but still more to be desired that he shall be a skillful practitioner, which can be accomplished only by long-experience. It is possible to be one without the other. It is possible to be both. The tendency of the times is to produce "doctors," in excess, a few of them well informed, all deficient in clinical experience, leaving time as it passes to develop evolute, a skillful practitioner, or die aborning. It is frequently asserted, a general comment, that the highly educated, scientific medical men, of this generation are not more successful in practice than their less accomplished, but practical predecessors, ye old time family doctors. We are not opposed to progress, far from it. But it is a serious charge, to our progress in medicine and surgery, invention of instruments of precision in diagnosis, a reproach to the rapid advancement in rational therapeutics, with a host of remedies added to our armamentarium in the last thirty years. Medicine is a science and an art, and as we are slightly tainted with both we will proceed to say a few words on digestion and assimilation. What is here written is not intended for scientific doctors, or teachers, but for those,—like myself,—whose physiology in part is forgotten, or which has grown exceedingly rusty.

All manifested energy, all force is derived from our food and which supplies animal heat, the hydro-carbons which are furnished by starch, sugar, gum, oils, fat butter, etc. A union with oxygen, a combustion is generated, force is manifested in manual labor, locomotion etc. But such food will not support life any length of time without nitrogenized material which is needed for formation of tissues and evolution of force which confined in the body could not be manifested without nitrogen. Nitrogen compounds stored in the blood will discharge force rapidly. Hydro-carbons are essential to formation of tissues and ample quantities of each are necessary to repair the wear and tear and to discharge force.

A combination of different alimentary principles, is essential for health and healthy nutrition. No one class will maintain life for an indefinite period. An excess of albuminous food, promotes the arthritic diathesis, manifested as gout, gravel, etc. Excess of oleaginous food tends to bilious diathesis, a deficiency promotes the scrofulous. A farinaceous food in excess favors rheumatic diathesis, develops lactic acid, etc. Various salts as lime, chiefly in form of phosphates, potash, soda, iron. Sodium chloride, is an essential constituent of all tissues, aiding endosmosis and exosmosis. Calcium phosphate gives solidity to bones, teeth, nails; iron in the coloring matter of the blood. The vegetable acids are important to nutrition and prevent the scorbutic condition. Water is present in all fluids and tissues of the body, promoting the absorption of new material into blood and tissues and elimination of waste material.

Accessory foods influence the process of nutrition. Tea excites the respiration, evolution of carbonic-acid. Coffee stimulates the nervous system, increases the force of the heart action and retards waste. Alcohol diminishes the elimination of urea and carbonic acid, lowers temperature, generates no force, a temporary stimulant and is useful in some pathological conditions.

Food may be solid, or liquid. If the latter, the digestive process is more simple; if solid mastication is necessary.

Food is ground with the teeth and mixed with saliva in the mouth. The first process the conversion of starch into sugar by action of saliva. Oxygen is worked into the mass, and with the salivary secretions make digestion easier when the food enters the stomach.

In the stomach the food is turned over and over, the nitrogenized material is dissolved by the action of the gastric juice. An acid secretion forms in the epithelial cells of the gastric tubules containing a ferment pepsin. Warmth and acid fluid are necessary to digestion. Nitrogenized material is formed into peptones in the stomach, and absorbed into the blood. As food is digested it passes into the intestines, the termination of the digestive action of the stomach. The pyloric ring is relaxed and the digested and undigested material pass the pylorus into the intestine.

Intestinal digestion is complex and important. The alimentary principles are further elaborated and prepared for absorption into the blood, being acted on by the intestinal secretions, pancreatic juice and bile. The intestinal follicles, glands of Brunner and Lieberkuhn's. secrete the true intestinal juices, an alkaline, viscid fluid, converting starch into glucose and assisting digestion of albuminoids. Pancreatic juice secreted by the pancreas, its duct opens into the duodenum, is transparent, colorless, alkaline and visced, and is a most important constituent. It transforms starch and cane sugar into glucose, emulsifies oils and fats, and splits them up into fatty acids and glycerine, and converts albuminoids into peptones

In the intestines the product of digestion is absorbed by the lacteals of the intestinal villi and borne into the receptaculum chyli. The blood vessels most active as absorbents are the gastric, superior and inferior mesenteric veins. They arise in the coats of the alimentary canal, unite with the splenic vein to form the portal vein, which enters the liver.

As the digestive mass, the chyme, passes through the alimentary tube a portion disappears; the veins absorb water, albuminose, glucose and inorganic salts and convey them directly to the liver, the blood of the portal vein being rich in these substances. A large amount of bile is poured out into the chyme, digested food; this bile is reabsorbed, very little bile being found in the lower intestine. Feces consist of indigestible material of food with certain salts, mostly phosphates, and excretions from glands of the intestines.

The function of the liver is to form glycogen from sugar and peptones and bile, store them until wanted, give out during fasting. The glycogen stored up in the organ, is transformed into sugar again, it is washed out of the liver by the blood and carried into the general circulation. When food enters the intestines bile is poured out in large quantities. It assists in emulsification of fats, promotes absorption, prevents putrefactive changes in the food, stimulates the secretion of the intestinal glands, excites peristaltic movements of the bowels. The function of the liver must be remembered in treating various diseases. Mercurials, and other cathartics, do not increase the bile, but sweep out the excess of bile in the intestines and portal circulation, producing bilious stools and relief to condition termed "biliousness."

Mastication of food and action of the saliva are great factors in the digestive action. Sometimes the teeth, decayed teeth, do not properly prepare the food, Indigestion and malassimilation are the consequences of food swallowed without being saturated with saliva. Here a dentist is of service; a suitable diet could be advised, as soups, minced meats, as

sausage, eggs, milk, rice, puddings, etc., a varied and palatable diet.

Imperfect digestion is common, and the causes are various, originating either in imperfect amount of gastric juice or in an inferior secretion of impaired solvent properties. We must increase the amount in the first place and improve the quality of the gastric juice in the second. If of inferior quality, we use pepsin, which is an active agent, from 5 to 15 grains, with muriatic acid, dilute. Muriatic acid and lactic acid will aid the gastric juice to do its work. We have found the lactated elixir of pepsin very efficient in impaired digestion, its composition—pepsin, pancreatin, ptyalin, with lactic and hydrochloric acids. It is a mild stimulating stomachic.

If the mouth and tongue are dry, a yellow coating on the tongue, bitter belching, soreness of the epigastrium, nausea, water brash, congestive headache, constipation, then bryonia alb. 2 to 4 gtts., specific tincture, an hour before meals, will give appetite, tone to the stomach and all digestive organs. Two to four gtts. of nux vom. before meals is also good. In females with such symptoms, whose catamenia are scant and irregular, vertigo, constipation, nux vom. 2 gtts., alternated with bryonia, before meals. Fl. ex. aletris farinosa 25 to 30 gtts. is valuable every four hours in such cases. Chionanthis and euonymus 25 to 30 gtts. or alternated with the above will relieve the biliary secretion.

If headache, bloating after meals, prostration, ignatia amara, 2 to 3 gtts. before meals is indicated. If anemia is present with albuminuria or diabetes, helonias– dioica 2 to 4 gtts. (spec. tinct.) every four hours, with iron and bitter tonics, as gentian. When urine is excessive rhus aromatic 20 to 30 gtts., fl. ext., every three hours will relieve.

A sweet or putrid taste, excessive flow of saliva, thirst, drowsiness, then muriatic acid 2 to 4 gtts. in plenty of cold water before meals will act like a charm Excessive acidity of stomach, acid phosphate 30 gtts., dilute, is valuable and will combat nervous prostration. Robrosa vobina 5 gtts., fl. ext., should be used for acidity if the acid fails. Hiccough, vomiting, flatulence, colic, then pulsatilla 5 gtts., fl. ext., t. i. d. is prompt to relieve.

Hypophosphites of lime, soda and magnesium, frequently, are of great service; a continued use of the phosphites is often required to restore nervous tonicity and cure indigestion frequently resulting from an exhausted condition of the nerve centers.

The functional activity of an organ is in direct relation to its blood supply; if the amount of gastric juice is imperfect, increase of blood supply will increase the functional power. Several agents increase the vascularity of the stomach and improve digestion; stomachics, as alcohol, arsenic, ipecac, etc., in small doses increase vascularity.

The nervous supply of the stomach is frequently a factor in indigestion, the stomach containing fibres and terminal branches of the pneumogastric. Fibres of the sympathetic, contract involuntary muscular fibre, cerebrospinal fibres dilate. Bernard, in his experiments, discovered that "galvanism of the pneumogastric excites a flow of gastric juice; similar irritation of the sympathetic arrests the secretion." Section of the pneumogastric stops digestion and the mucous membrane of the stomach becomes pale and exsanguine. Hence the pneumogastric fibres dilate the blood vessels. The sympathetic fibres contract them; from this we understand how any great emotion acting on the sympathetic may produce indigestion. Therefore stomachics may act by stimulating the pneumogastric or paralyzing the sympathetic—how, we do not know, but we do know, that they increase the vascularity of the stomach all the same.

THUJA OCCIDENTALIS.

By Earle C. Hinman, M. D., Akron. Ohio.

No apology is offered in presenting a few thoughts on so valuable a remedy as thuja occidentalis; for the good and true and noble of this world cannot be considered too frequently, and should command our deepest study and closest consideration.

This most highly prized remedy of other days is a native of North America and has long been well known to Europeans. Thuja grows to be a lofty tree, some forty or more feet in height. It is an evergreen tree and is allied to the cypress, having flattened branches and small scale-like leaves. Several other species of this tree are well known, but are of little practical importance. The young leafy twigs emit a balsamic order and both they and the wood were highly prized as medicine, as evidenced by its more comon latin name, arbor vitae, or tree of life.

In malarial phthisical and dropsical conditions, thuja was in high repute among early physicians, and was chiefly used as a diaphoretic, resolvent and expectorant. Thuja merits a much wider range of use than it is at present receiving. Thuja, in indicated cases, is just as servicable today as it was years ago, and there are yet new fields of usefulness in which it can be advantagiously used with profit to both patient and physician.

Dr. E. R. Schmitz says:* "Thuja is a splendid officer, putting in order the gateways, removing obnoxious growths both from within and upon this temple of the soul, toning up relaxed tissue, and freeing those too securely held. As a reorganizer, thuja reaches deep for hidden troubles, and is thorough in sweeping up waste material, and at the same time prevents the life-giving products from escaping."

*Wisconsin Medical Recorder, November, 1898, page 245.

Give thuja a fair trial when you have a case accompanied with pain and a fetid, muco-purulent discharge, whether it be from nose, ear, urethra or alimentary tract; it matters not whether it be oophoritis, urethritis—specific or nonspecific—pyosalpinx, abscess or what. Thuja appears to have a preferance for the left side of the body. Try it in external and internal hemorrhoids by injection or cerate. Thuja is a valuable remedy for the bad effects of vaccination, especially the diarrhoea.

It is said to be the remedy par excellance in hydrogenoid diathesis, or preponderance of water in all the tissues. In sycotic conditions its worth is well known.

A varicose tumor of the neck has been reported to have been cured with Thuja 6x internally, and one-tenth solution with almond oil locally.

I prescribed it in a case of abscess of the fallopian tube of nearly a week's standing, with complete restoration in a little less than three weeks. I ought to add that Wampole's preparation of cod liver oil was prescribed as a tonic in conjunction with thuja, no other medication was used.

Many more cases might be cited if space and time permitted.

Thuja, if used with care, will soothe the irritated mucosa, relieve the suffering and bring benedictions to the doctor.

In ths recent death of Prof. Karl Stoerck, of Vienna, the worl loses one of its greatest laryngologists. For years Stoerck has been a leader in laryngology. He graduated in medicine in 1858 and very rapidly rose as expert in his special field of work. He has written a number of classical works on the nose and throat. He was an able man, a brilliant physician and a skillful operator.

ALKALOIDAL THERAPEUTICS

This Department is conducted by A. L. Blesh, M. D., 709 W. Noble Ave., Guthrie, Oklahoma. Original articles, reports and notes on dosimetry are desired for this Department.

ALKALOIDAL POINTERS.

By J. P. Thorne, M. D., Attending Physician to the Palmer Memorial Hospital, Janesville, Wis.

Brucine is a good tonic for children

Pilocarpine increases the flow of gastric juice.

Avenin has a curative effect in general neurasthenia.

Phytoloccin is of benefit in both acute and chronic tonsilitis.

Phytolaccin is valuable in treating diseases of the glandular structures,

Sodium sulpho-carbolate is an effective intestinal antiseptic in typhoid fever.

Strychnine arseniate is one of the grandest tonics which the physician can use.

Hyoscyamine amorphous is sometimes useful in the treatment of tinnitus aurium.

Nuclein (Aulde) has so many uses that no dosimetric practitioner can well get along without it.

A granule of glonoin dissolved on the tongue will sometimes relieve a paroxysm of asthma.

Capsicin granules administered at frequent intervals give good results in many cases of hay fever.

Calcium iodide (Billings, Clapp & Co., brown) is the leading remedy in treating membranous croup. It is well to keep this in mind, as it may save a life as well as add to the physician's prestige.

Zine valerianate and zine phosphide, given according to dosimetric rules, are useful in treating hay fever.

Attacks of dyspnoea due to cardiac insuffiency are best relieved by glonoin. In the intervals a good remedy is cactus grandiflora.

Colchicine is often very useful in treating articular rheumatism. If you have never used it, you have missed a valuable remedy.

Heroin is one of the newer remedies which the dosimetrist finds useful. It can be given in granule or tablet form in one-half grain doses, as an analgesie and sedative. It promptly relieves coughs of all kinds, especially the cough of tuberculosis,

Aconitine has been called a dangerous remedy, but I do not believe anyone who has used a pure aconitine granule dosimetrically ever experienced any trouble with it. I have used aconitine in practice and in my own family for nearly ten years, and consider a it safe and invaluable remedy.

The Dosimetric Medical Review says that cocaine may be prescribed against nervous gastralgia, hysteria and idiopathic spasmodic gastralgias and enteralgias. It has been employed with marked success in grave hystero-epilepsy, against which electricity, hydro-therapeutics, etc., had

been used without result. Cocaine gives the best results in the case of nervous dyspepsia, alone or associated with caffeine and quassine; when there are pains and cramps, codeine and hysoscyamine may be added.

ALKALOIDAL NOTES.

By W. F. Radue, M. D., Jersey City, New Jersey.

I have treated a great many cases with the alkaloids successfully, and will give you the diseases and the drugs used.

Neuralgia: Gelseminine and aconitine.

Whooping cough: Atropine, calcium sulphide, aconitine if fever is present.

Croup: Apomorphine as expectorant and to loosen the membranes, trinity for fever, calomel to move the bowels, strichnine as a tonic.

Have you tried picrotoxin for the night sweats of phthisis? I have used it successfully for the last ten years, in doses of gr, 1-50 at bedtime.

Pneumonia: Dosimetric trinity for fever and congestion, apomorphine or emetin as an expectorant, codeine for cough, strychnine and bovinine as tonics.

I could not do without the Alkaloidal Clinic and practice with alkaloids, as nowhere else can I find the information. Dr. Waugh's book, "Treatment of the Sick," Shaller's "Guide" and Abbott's "Brief Therapeutics" are a great help to us.

Diarrhea and cholera morbus: Morphine and atropine hypodermically, copper arsenite, hyoscyamine and strychnine, adding aconitine if there is fever present. If the above does not stop the discharges as quickly as desired, change to zinc sulpho-carbolate, W-A Intestinal Antiseptic tablets and codeine.

Bronchitis: Aconitine or trinity for fever, codeine and hyoscyamine for cough, emetin or apomorphine as an expectorant, strychnine and bovinine as a general rebuilder.

Influenza: Dosimetric trinity for fever, apomorphine for an expectorant, codeine for cough, sparteine and strychnine arsenate for heart tonics, bovinine as a general rebuilder.

Hemorrhage from lungs or uterus: Atropine hypodermically, ergotin and strychnine by the mouth; if there is retained placenta, curette, wash out the uterus with 25 per cent. hydrogen peroxide.

Malaria: A calomel purge, keep bowels open with Abbott's saline laxative, followed by strychnine, quinine and iron arsenates, hypodermics of Aulde's nuclein; 20 minims daily, bovinine, change of climate.

Tonsilitis: Calcium sulphide, sometimes trinity, gargle of fl. ext. hydrastis, a dram to the ounce of warm water every hour, if there is much secretion spray the throat with 25 per cent. hydrogen peroxide, strychnine and bovinine as tonics.

Rheumatism, gout, lumbago and sciatica: Colchicine, lithium benzoate. hyoscyamine for pain, bryonin for stiff joints and back; rhus tox has given good results in some cases of chronic rheumatism, but it has not served me well in acute cases.

This is an outline of my present treatment. I would not go back to the old way for any price.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

TINEA TONSURANS.

In the New York Lancet of August I find an article captioned "Ringworm; Light on Recent Research."

As is known to everyone who has followed recent research on parasitology of the skin, the sweet simplicity of the unicist theory in regard to the fungus of the ringworm (tinea tonsurans) has in the last few years been transformed into a bewitching complexity by the researches of M. Sabourand; the doctrine of the distinguished French investigator might almost be formulated as quot capitat fungi. Even this comprehensive formula does not embrace the whole of the new learning in regard to ringworms, for, in addition to the varied flora of the head, the eyebrows, the beard, the body have each, it would appear, their own distinct and several parasites (if you care to put credence to the statement, for one I do not). The complexity of the the subject is augmented by the geographical distributions of the supposed different fungi, each tribe having a sphere of influence of its own, so that observations made in one country, or even in one city, do not necessarily hold good in another. Malcolm Morris has made microscopical examinations and also cultural experiments on a series of cases under his own care, and the results deserve special consideration, owing to the fact that he used a method of staining which gave excellent results. From his preparations micro-photographs of remarkable clearness and beauty were made by Andrew Pringle and shown at the meeting of the Medical Association at Montreal, where they excited great admiration. Morris' conclusions are that there are but two varieties of ringworm parasites which concern clinicians. One is a small-spored fungus (microsporon andonissi), which attacks the scalp of children, giving rise to a form of the disease extremely refractory to treatment.

With this last statement I beg to differ, inasmuch as I have found it very tractable of treatment, and the following has been my remedy, viz.:

℞ Liquor Ars. et Hyd. Iod. (Donovan's solution).
Peroxide Hydrogen (Marchand's) aa. ℥j.

M. et sig. Sponge the scalp lightly morning and night.

After which apply the following ointment:

℞ Creosote, gtts x.
Oil Cinnamon, gtts xv.
Sulphuris, ʒij.
Vaseline, ℥vi.

M. et sig. Apply about 10 minutes after the lotion.

The other is a large-spored fungus or trychoplyton which attacks the body, and also sometimes the scalp, and is comparatively easy to deal with. Considerable space is devoted to treatment, all methods which have been recommended by recognized authorities being set forth in detail and judicially estimated in the light of the author's own experience. The parasiticide on which Morris most places reliance is chrysarobin, which, however, he does not offer as a specific.

He insists that a case must be dealt with according to its peculiar features. The practitioner he said, should carefully feel his way, trying one remedy after another until he hits on that which appears to meet the requirements of the case, and using that only so long as it seems to answer its purpose. I think we had a right to ex-

pect something more definite from such an eminent authority as Prof. Morris, but since he fails to give us such enlightenment, I will interpose with, the following absolute specific and so contribute to the satisfaction of both physician and patient.

℞ Cuprum Acetas,
Tr. Iodine, aa. ʒi.
Creosote, gtts xx.
Vaseline, ℥j.

M. et sig. Apply twice daily, after washing the part with warm water and good soap, tar soap being best.

DR. WILLIAM B. MANN.
Evanston, Ill.

STATE RECIPROCITY NEEDED.

The following extract from the letter of a medical friend is significant:

"State laws are so manifestly unjust, inoperative, that they should be promptly written out of the statute books. I have just heard from the Illinois secretary who say I must take the examination, as if I might be a menace to the lives of the people of that state, while allowed to prey upon the luckless people of Minnesota. A doctor must be examined in physiology, anatomy, chemistry and the entire list, when the osteopath can diagnose rheumatism and practice massage for the relief of it, just as we might do, without being subjected to any any hindrance or suspicion whatever. It puts a premium on humbug and will drive many a competent man into irregularities of one sort or another."

The writer is a graduate of the Chicago Medical College, a man of the highest standing, morally and professionally, and never guilty of even a leaning towards unethical conduct. The opinion he expresses is shared by thousands of medical men just as good as he. Clearly, our medical state laws are in danger. State boards should hasten to take action on the lines proposed by the Wayne Co. (Detroit, Mich.) Medical Society. Those laws once knocked out by the co-operation, or at least with the tacit consent of our profession, it will take many years before legislatures can be induced to give us newer, better ones, and in the meantime the country would be overrun again by all kinds of medical imposters.

That state boards of medical examiners have a difficult problem to solve, there can be no doubt. The qualification of an applicant for license is almost solely determined by written examination, which all the different laws say must be fair and practical. But, in an an otherwise praiseworthy endeavor to raise the standard of their respective states, examining boards have made those examinations more and more difficult. I was told by a medical friend, just returned from the meetings of the American Health Association in Minneapolis, that he, in company with a professor in one of our western state universities and a professor of bacteriology in one of the oldest medical schools in the east, visited laboratories, etc., and saw lists of their examination questions. It was admitted by their guide, himself a medical teacher, that no man, five years out of college, could pass without a course of "cramming," and the eastern proressor thought he would fail in all but one brance, bacterioloay.

Now, is such an examination a fair test of a man's fitness to practice, as originally intended by the law? Hardly. We all know that it is not theoretical knowledge alone which makes the good physician. Other attainments are fully as important. For them small allowance is made in state examinations. The physician, who through years of practical observation and experience has accumulated valuable knowledge, is placed at a disadvantage against the tryo, the young man who has not yet had time to rid himself of the undigested intellectual

food stored up during his college days. Is it not a just demand that those whose qualifications have been approved by one board of examiners be accepted as qualified by every other? Much of the opposition against medical practice acts growing up among reputable physicians would be overcome by such a concession.

H. SPEIER, M. D.,
Janesville, Wis.

This matter is now being recognized as one of the leading questions of the day for medical men to consider. The need of uniform requirements for practice in the different states and the undesirable consequences in neglecting this important matter, have been clearly presented. Medical men in all parts of the country are waking up to the need of this. The editor of the Virginia Medical Semi-Monthly, who is a member of the Virginia state board, urges state reciprocity of examining boards very strongly in a recent editorial. Dr. J. Michaux, in a recent address delivered as president of the State Medical Society of Virginia, strongly recommended this and said:

"Another matter as to the board: I would suggest that some interstate arrangement be had by which men who shall have been pronounced properly qualified in one state may be accepted by the boards of other states, thus giving larger liberties to medical men.

"I need not say that I am in favor of sustaining our boards at all hazards, for I think now, as I have thought for many years, that they have done more to elevate the standard of medical education than any step ever taken before."

He advised the appointment by his society of a committee to be known as the interstate committee to cooperate with committees of the American Medical Association and the various state societies in order to regulate the reciprocity with the examining boards of other states.—[ED.

APHORISMS.

Nine-tenths of our medical colleges teach nine-tenths surgery and one-tenth medicine.

One-tenth of our medical colleges teach nine-tenths medicine and one-tenth surgery.

Nine-tenths of all taught our medical students is impracticable, nine-tenths of the time to nine-tenths of our medical doctors.

One-tenth taught to our medical students is used nine-tenths of the time by nine-tenths of our medical doctors.

Nine-tenths of our successful medical colleges of the future will teach nine-tenths of the future doctors' aids, nine-tenths of the time of the future medical students.

OTHER APHORISMS.

LIFE: Is the assertive continuity of atomic contiguousness.

HEALTH: Is exemplified perpetual motion in molecular changes in full accord.

DISEASE: Is the immaterial modification of atomic integrity.

DEATH: Is the paramount subversion of molecular accord.

NOTE—Atomic and molecular are used interchangeably only for the sake of euphony.

R. B. LEACH, M. D.,
St. Paul, Minn.

STATE BOARDS.

I note on page 240 of the Recorder, some very timely remarks by Dr. Speier. They are apt and none too soon, and as he says opposition to

legislation was formerly confined to irregulars; it is spreading now and with the known unfriendliness of legislators as an aid, may bring back upon us medical lawlessness. This is overly true, not only among physicians, but the lawyers are beginning openly to discuss the legability of the law, and one, a well-read, first-class lawyer, remarked to me a short time ago, "Any doctor who dislikes the examining board has only to file a notice, and according to my best judgment the law will be knocked out." A judge of one of our courts was overheard to say, "Such prosecutions (of graduates who have failed to pass the board) are in my opinion strictly unconstitutional, and suit for damages would hold." So far as I am concerned, I want the states to hold out, for I want to see the whole examining board system knocked in the head.

So far from persecutiug reputable doctors wifh an examination every time they change a location or live near the line of two states, practicing in both, I want to see the up-to-date, strictly ethical, jump on the patent medicine concerns with both feet and on all of the thousand and one filthy littte newspapers, which live by their ads., if not owned by them. They will then find a foeman worthy of their kick, and one who will kick back. Which last, the old doctor, who has passed thirty years in practice and forgotten more than some members of the examining boards ever knew, is not able to do. I think much as Dr. Speier says, the move for reciprocity had better be made soon.

DR. BEN H. BRODNAX,
Brodnax, La.

COMMENTS.

If Dr. De Armand would give his indications for each of the remedies mentioned on page 247, he would do a good thing for the afflicted.

M. A. M., M. D., pages 250–251, "speaks right out in meeting." If the paragraph which he quotes should be lived up to, at least one-half of the profession would step down and out. There is vastly more quackery and fraud in the regular profession than outside of it.

S. J. SMITH, M. D.,
University Place, Neb.

PURE LIFE.

There is nothing so pure and beautiful as life itself. Take a fair young maiden with flaxen hair and rosy cheek, in the full bloom of pure womanhood, and watch her sweet, innocent smile as it flickers over her face from the impulse of true love felt within her very soul, and you have one real picture of a pure life.

Again, take a young man, with a brilliant and sparkling eye, a noble forehead and a pure manhood to adorn his youthful features, and you again have a picture of a manly life.

Take the innocent child as it nestles closely to its mother's heart for protection, with a sweet smile of recognition upon its face of a mother's love and devotion, and you have a sweet picture of pure child life.

So with the rose trimmed with its ever green leaves and stem to enhance its beauty of colors with its sweet fragrance to lend enchantment to its queenly beauty, and you have a lovely picture of floral life.

What object lessons these life pictures should teach us of the importance of living pure lives, free from all acts of dissipation, intemperance, licentiousness or immorality that they may attain the great object and end for the purpose of their creation for the preservation of their immortal souls beyond the grave.

How careful every father or mother ought to be in setting worthy examples for their children to follow in life.

For as the parent, so the child—wild and vicious, meek or mild; full of hate or full of love; fit for hell or heaven above. No father should ever drink, smoke or chew, unless he wants his son to do the same. No mother should ever allow her daughter to spend late hours on the streets, unless she expects her to be ruined.

W. H. Gray, M. D.,
Michigan City, Ind.

EXAMINATION QUESTIONS

OF THE STATE BOARD OF WEST VIRGINIA

ANATOMY.

1. Where is the sphenoid bone situated? What are its divisions and articulations?

2. Describe the tibia and fibula and give their articulations.

3. Describe the elbow joint.

4. Describe a muscle and tell how divided.

5. Name muscles of forearm in their different layers.

6. Describe the aorta and tell how it is divided for convenience.

7. Describe the brachail artery and name its branches from above down.

8. Describe the inferior vena cava and give its functions.

9. Name the subdivisions of the alimentary canal and their accessory organs.

10. What is a complete oblique inguinal hernia and coverings of same?

CHEMISTRY.

1. What is meant by atomic weight? What by molecular weight?

2. What is meant by the valence or quantivalence of an atom?

3. What is H_2 O_2 and for what purpose is it used?

4. What is an alloy? What is an amalgam?

5. How is oxygen generally prepared?

6. Oxygen combines with all the better known elements except one; which one is that?

7. What is oxide?

8. What is blue vitrol and how is is it made?

9. What is the chemical composition of the blood?

10. Give symbol, valence and atomic weight of bismuth, calcium, hydrogen, phosphorus, tin, silver and zinc.

PRACTICE OF MEDICINE.

1. Chronic Bright's Disease—Give symptoms and treatment.

2. Scarletina—Give differential diagnoses and treatment.

3. Locomotor Ataxia—Give morbid anatomy and symptoms.

4. Erysipelas—Give symptoms and treatment.

5. Describe in detail a method of local quarantine (diphtheria).

OBSTETRICS.

1. What is the etiology, cause, symptoms and treatment of congestive dysmenorrhoea?

2. What are the predisposing causes of dystocia? In plural births, name three difficulties sometimes encountered.

3. What is a wolffian body? What is its structure? Name one of its synonyms, and what office does it perform?

4. Name all the conditions of a patient (mother and child) demanding the use of forceps. Are forceps retractors, compressors, or both?

5 Describe the mechanism of a normal labor, and give the name of all the muscles which contract, and the name of all the muscles which relax.

The Wisconsin Medical Recorder.

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J. P. THORNE, M. D., Editor.

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Letters, Case Reports and **Questions** are desired for our Discussions Department.

Society news and reports and items of interest are gladly received

HALL & THORNE, Publishers,
Janesville, Wis.

Do not miss Dr. Leach's Aphorisms in this number.

Dosimetry is not the whole thing, but it is an important thing, and can be used to advantage by any physician, no matter what he practices.

Dr. Edw. C. Rothrock has prepared a practical series of articles on "Therapeutic Suggestions." Each month, beginning with the December number, he will discuss one or more therapeutic agents. He speaks from years of experience and careful observation.

Dr. J. A. Pratt will resume his contributions to the Recorder, commencing with the January number. The doctor has an interesting series in preparation, and one article will be published each month. He has recently been spending some time in New York city in post-graduate work.

Some seem to think that we are in accord with everything published in the Recorder. This is not so, as we are responsible only for editorial statements, and we publish many articles with which we do not agree. This journal was established two years ago "For the whole profession" and still flies the same colors. We are glad to have any physician express his honest views in the Recorder, on any subject relating to our work. When you read something in the Recorder that you do not like, just sit down and write your own views, in a fair and courteous manner, and we shall take pleasure in publishing them. That is the purpose of our Discussions department, as we want physicians to freely discuss different phases of practice, questions relating to the profession and to talk over cases.

Dr. O. Worthington Lusher sends us the questions used at the examination by the state board of health of West Virginia, at Parkersburg, November, 1899. We publish some of these questions this month, which will be of interest to some of our readers who are giving special attention to the subject of state examinations. The branches embraced in the examination were anatomy, physiology, chemistry, obstetrics, practice, surgery, materia medica. As a whole the questions appear to be fair and more practical than usual. One thing which is reacting against state legislation, is the fact that state examining boards have given too theoretical questions, which are not a test of ability. We believe in state legislation, but we believe it must be managed carefully or it will end in failure.

Dr. Lusher says: "I am well pleased with the Recorder and the labels were an agreeable surprise." The doctor will favor us with an original article before long.

ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

A sanitarium for consumptive soldiers has been opened at Ft. Bayard, N. M.

Olivette ointment is a reliable preparation made by reliable people. In the conditions indicated, it will be found satisfactory.

The Alma is a satisfactory place to send patients for sanitarium treatment. Prices are right, patients are carefully looked after and the family physician is justly dealt with.

The B. M. Butler Chemical Co., of Chicago, makes a line of good preparations in which any physician will be interested. Their specialties are of especial value, and we advise our readers to send for their catalogue.

The new antikamina tablets, antikamina laxative, and antikamina and quinine laxative, promise to be as popular as the other antikamina preparations. Physicians who have tried these new tablets report some very pleasing results.

Automobiles promise to make life interesting to the whole public and to the surgeons. The speed they are capable of, makes them dangerous affairs in the hands of the careless. In Paris where they are most numerous they are already becoming a serious menace to public safety.

An efficient method of handling eczema rubrum is to to treat with warm bathing and fomenting with decotion of poppies. Dry the skin perfectly and bathe with noitol three times a day. At night give a mild aperient, and, as occasion may demand, a diaphoretic powder.

Letters patent have recently been issued to Dr. Joseph P. Cox for an instrument known as Sim's Obstetrical Brace. This is a valuable instrument and one which every physician should have in his obstetrical outfit. Modern scientific methods in obstetrics not only give much better results, but also add greatly to the physician's reputation.

Dr. M. O. Wells, of Andrews, Ind., writes: I have used Dr. Koonse's treatment for morphinism in three cases, and in all three the cure was complete and entirely satisfactory to both myself and patients. Several months have elapsed and none of them have relapsed and they claim they have not the slightest desire for the drug.

The Antikamina Chemical Co. has been sending to every physician a nice morocco pocket folder containing samples of their two new tablets. This is a convenient little case for any doctor to have in his pocket, If you have not received one, doctor, just write a line to the company, mention the Recorder, and you will receive a neat case free of charge.

At the recent meeting of the Mississippi Valley Medical Association an interesting exhibit was the two months prematurely born "Rees Triplets," now twenty months old, who have been brought up on milkine, and, as can be testified to by the hundreds of physicians who examined them at the booth, they are now remarkably strong and well nourished children, perfectly developed in every way.

Physicians as a rule do not pay the attention that they should to the minor matters that interest their patients. When a patient tells his physician that he has catarrh, and is using this or that patent remedy, the physician would do both the patient and himself a service by advising him to stop the use of a medicine which may be full of cocaine, and suggesting the use of camphoral, which the makers assure us has no cocaine in its composition, and which depends on balsam copaiba for its healing powers.

We are in receipt of the October edition of the general list of H. M. Merrell Company, Cincinnati—a list of seventy-five pages, quoting nearly everything a physician can want. The list is unique, in that it makes net prices, saving all the annoyances of estimating discounts, and the prices offered are those at which the large jobbers buy. As the firm helps to pay transportation, it will be interesting to our readers to send for a copy and compare the prices. The list is mailed to any physician, post free, on application.

G. H. Bobertz, M. D., of Detroit, Mich., says: I am glad to state that I consider pil. vigorans, made by the Detroit Alkaloidal Co., the most valuable sexual tonic known. I have used this preparation for years and find it will restore the normal physiological functions of the generative system in a more rapid and satisfactory manner than any other aphrodisiac. I certainly have seen nothing which appears to be so perfect a specific for all the various forms of sexual atonicity as pil. vigorans.

E. B. Heimstreet, editor of the Wisconsin Druggists' Exchange, gives in his journal the prescription rules of his store, as below. These rules, carefully observed, will benefit every physician who dispenses medicine: I.—Keep the prescription scales clean, and when they are not in use keep them covered. II.—Keep the dispensing bottles well filled and always perfectly clean. III.—Keep everything in its proper place. IV.—After using a utensil or a dispensing bottle, do not leave it on the prescription counter, but place it back where it belongs. V.—When compounding prescriptions do not carry on a conversation with anyone. VI.—Keep customers out from behind the prescription case. VII.—Label every package of drugs sent out, and, when a poison, be sure and give the antidote. VIII.—When compounding prescriptions, do not let your mind wander off to something else, but remember that you hold in your hands the life of a human being, and act accordingly. IX.—Always charge prescriptions or any other goods before wrapping them up.

The following are the officers of the Mississippi Valley Medical Association for the coming year: President, Dr. Harold N. Moyer, Chicago, Ill.; 1st V. P., Dr. A. H. Cordier, Kansas City, Mo.; 2d V. P., Dr. S. P. Collings, Hot Springs, Ark.; Sec., Dr. Henry E. Tuley, Louisville, Ky.; Treas., Dr. Dudley S. Reynolds, Lonisville, Ky.; Ch. Com. Arr., Dr. M. H. Fletcher, Asheville, N.C. Meets at Asheville Oct. 9-11, 1900.

No obstetrician should longer defer providing himself with Dr. Kellogg's device for securing the funis with a small elastic ring. Such evidence as the following letter from Dr. Howard Osburn, of Rippon, W. Va., should convince the most conservative of its great value in practice: "Enclosed please find money order, for which send me a box of rings and applicator, and an extra box of rings for myself. The applicator with rings I wish to present to an esteemed friend, who is practicing medicine in a neighboring state. I would not give my applicator and rings for a cartload of ligatures if I were compelled to use them in ligating the funis."

Eumetra is the name of a tablet for the treatment of uterine and ovarian inflammations, which is receiving the support of many able practitioners. It combines the active principles of hydrastis, viburnum prunifolium, cimicifuga, apium graveolens with nerve sedatives and laxatives, in palatable and convenient form. Prof. John U. Lloyd says the ingredients are compatible and can be associated together without injury. Prof. J. C. Schroeder, president of the Iowa state board of medical examiners, says eumetra is an ideal uterine tonic and analgesic. There is no secret about the remedy, as the complete formula is given, and the ingredients are all known to be of value by medical men.

Recently investigators have succeeded in preparing a compound of guaiacol that is readily soluble in water, free from the taste and odor of the latter, non-toxic, and extremely assimible. This new preparation is thiocol, the potassium salt of ortho-guaiacol-sulphonic acid. As appears from the clinical reports in Merck's Archives, we have in thiocol a form of guaiacol, which is convenient for dispensing purposes, non-irritant to the the mucous membranes of the alimentary canal, and which, further more, has the following advantages: 1. Owing to its great assimilability, it affords the possibility of successfully combating phthisis. 2. In consequence of its non-irritativeness and non-toxicity, it does not give rise to untoward symptoms of any kind, not even on continued use. 3. It causes the symptoms of pulmonary tuberculosis—emaciation, anorexia, decline of strength, fever, night-sweats, etc., to disappear in a short time, quicker than any other medicament hitherto in use in phthisis.

Since in practice it is virtually impossible to sterilize living tissues and to maintain them so, it must become the earnest endeavor of the surgeon to attain a continuous destruction of the germs which may be present and an absolute prevention of the introduction of new ones. This is readily and best accomplished by the use of a germicidal dressing, consisting of a sterile gauze wet with 10 per cent. solution of menthoxol, which, while not at all irritant or toxic, acts as a continuous and powerful germicide. The combination of hydrogen peroxide, alcohol and menthol evolvea bactericidal power much exceeding that of the sum of the ingredients. Dr. Beck, of the Charite at Berlin, reports most favorably as to the results obtained with this preparation, which was used to irrigate and tampon abscess cavities and as a wet dressing for wound surfaces. Not only was suppuration effectively prevented, but the formation of healthy granulations was stimulated, thus inducing rapid healing. The stability and uniform activity of the preparation are obviously most commendable features.

GLEANINGS

FROM RECENT MONOGRAPHS.

In this department we present some of the good ideas from late monographs, of which we receive a great many, some of which have never been published in a journal. We invite medical authors to send us copies of their monographs; while our space does not permit us to refer to all the valuable ones received, yet we shall mention as many as possible. We invite our readers to discuss in the pages of the Recorder, the ideas here presented.

THE FAILURE OF ANTITOXIN IN THE TREATMENT OF DIPHTHERIA, by J. Edward Herman, M. D., Brooklyn, N. Y.

While the majority of the profession favors the use of antitoxin, yet there is a strong minority honestly opposed to its use. The author of this monograph gives a careful statement of his views and we present such extracts as our space permits.

Those cities who now have a low general death rate from all causes also show, as would be expected, a low diphtheria death rate. This is true of Chicago and Milwaukee. New York City, which at present has a very low general death rate compared with many years in the past, naturally has a corresponding low diphtheria mortality.

It is a common assumption that the mortality from diphtheria used to be 40 per cent. before antitoxin times, which is as absurd as it is untrue. Certainly at times 40 per cent. of the patients died. The mortality was very much higher than 40 per cent. in some epidemics. Ferrand in 1827 related that in an epidemic all of the 60 patients died. Bretonneau in 1826 quoted Carnevale as saying that in Chiaja near Naples the greater part of those attacked succumbed. Ozonam's summing up of 39 epidemics from 1559 to 1805 showed 80 per cent. mortality. Then the table of epidemics from 1805 to 1830, made by the Academie Royale de Medecine, gives the death-rate as 25 per cent. But Beauquin in 1828 lost only 4.6 per cent. of 300 cases. Daviot had only 8.6 per cent. mortality in 461 cases. Roll in 1850 said that in Drontheim, Norway, of some 700 cases only about 7 per cent. died. Lespeau in 1854 wrote that, in one regiment, of 200 cases only 6 per cent. were lost. And Mackinder reported in 1859 a death rate of only 0.25 per cent. in 400 cases in Gainsborough, England. Were this great disparity in the diphtheria death rate before antitoxin times kept in mind, perhaps we would not so often be treated to the amusing argument that because the death rate has declined a few degrees in some places since antitoxin has been introduced, therefore antitoxin is responsible for the improvement. In London, for instance, some enthusiasts waxed eloquent over the new preparation, and gave Lennox Brown the opportunity to prove that the decline in fatality in the London asylums board hospitals for two antitoxin years was only about 2 per cent. from what it was in 1894.

Another unjust way of reasoning is to compare the results in a few cases treated with antitoxin in a short space of time, with a very much greater number of cases treated without antitoxin during a considerably longer period. Gray has adopted this argument. He reports 9,851 cases treated in German hospitals from April, 1895, to March, 1896, with 15.5 per cent. mortality. Then he states that from 1883 to 1894, 157,721 cases were treated in these same hospitals without antitoxin, with 26.7 per cent. mortality. From this he gravely infers that the death rate has been reduced from 26 per cent. to 15 per cent. on an average in ordinary cases. No account is taken of the fact that during the years 1883 to 1894 all the cases, good and bad, were included, while during the antitoxin months, from April to March, the statistics were generally based on selected cases.

And he compares the result in 9,851 cases treated during eleven months, with 157,721 cases coming under treatment during eleven years. It is a fact open to any one making a close examination of the reports of cases treated with antitoxin soon after the use of that article was introduced, that always only some cases selected for one reason or another were treated with serum, while another set of cases did not receive it. The moribund cases were generally put in the latter class. This is true of the very first report presented by Baginsky to the Berlin Medical Society. It is there stated that 23 cases were not treated with serum. In the first series treated by attending physicians with free antitoxin from the New York City health board some were not even bacteriologically diagnosed, and the whole number of cases, 375, on which the statistics were founded, was obtained by omitting 34 cases on account of imperfect data. The same thing holds true, and to a much greater extent, of the statistics of the London asylums board hospitals.

How can a thing be considered a specific which gives 11.8 per cent. mortality in the Berlin Kaiser und Kaiserin Friedrich Kinderkrankenhaus, and at the same time allows a mortality of 23 per cent. in the Philadelphia Municipal Hospital—being more than double the mortality in one institution than in the other? Quinine would not be called a specific if it could not cure intermittent fever as well in Chicago as it does in St. Petersburg or any other city. Until antitoxin brings down the diphtheria death rate to a point lower than it ever was before, and keeps it at that point, in every place, it must be considered a failure.

In August, 1896, the death rate in the Philadelphia Municipal Hospital was 22.2 per cent.; in September it was 41.6 per cent. Had the use of antitoxin been stopped in September, when the mortality was again as high as it was in the previous month, antitoxin advocates would have had another opportunity to point out the surpassing excellence of the serum treatment. This again illustrates that antitoxin has no influence on diphtheria; the difference in the results in different hospitals is always due to the difference in the character as regards malignancy in the cases treated. When in Berlin the supply of antitoxin gave out, and the mortality at once went up, it was only a coincidence. Many an innocent man has been wrongfully executed on more convincing circumstantial evidence than this, and it ill becomes a reasoning profession to be convinced by such testimony without taking all the other facts in the case into earnest consideration.

Within the writer's knowledge diphtheria occurred in the families of four physicians in this city. Of the patients two received antitoxin and promptly died. The other two were not treated with antitoxin and recovered. It is fair to assume that the antitoxin-treated cases, being in doctors' families, were not neglected, and that treatment was begun early in the disease.

There is no convincing evidence that antitoxin exerts any influence on the false membrane in causing its early detachment or disappearance, or in preventing it from spreading. Even if it did, it would not signify much, for the membrane is simply the effect of something; it is not the disease. Patients often die after the membrane has disappeared. The diphtheritic lesion is identical anatomically with croupous inflammation due to traumatic and other causes. Back of the formation of the false membrane is that deranged condition of the system permitting the growth of pernicious bacteria, which abnormal state is really the disease. We do not know but what the formation of the false membrane is nature's

method of protecting the patient; and until it shuts off the air from the lungs the membrane may serve some useful purpose. Rupp couldn't see any effect on the membrane in his twenty-four antitoxin-healed cases, "in such a way as to be beyond doubt."

It is a common thing, in cases not treated with antitoxin, for the membrane to begin to fall off after the first day completely to disappear in three or four days. Rupp needed to visit two cases which were not treated with antitoxon only four days, and one, a croupal case, only three days. The diagnosis in each case was confirmed by bacteriological examination. Bretonneau in his classical work on diphtheria distinctly taught: "You will remark that at the first day of the appearance a radical cure may be obtained in forty-eight hours." Yet antitoxin advocates claim everything, because in some cases treated with antitoxin the false membrane begins to disappear, as they say, early; in two or three days (Wiemer,) or three or four days (Baginsky.) This also happens earlier and later. In fact, with antitoxin it is often very much later. Chapin speaks of seven year-old patients receiving 4,500 units on the third day, with the result that the throat cleared only after six days, and later the membrane partly reformed. Winters saw it remain ten days in two cases, and in another at the end of the twenty-second day it was still present.

It is conceded that eruptions are often caused by the injection of antitoxin. Engelman and Morse describe cases of utricaria. Myer saw utricarial rash in one case, and a macular eruption in another. Berg in summing up his observations concludes: "In very many cases the eruption, if at all general, is at least a discomfort." In others a "decided increase in the gravity of the disease accompanies the appearance of the eruption," which is present in "at least ten per cent. of cases treated with antitoxin." Martin and Hunt saw the eruption in 27.5 per cent. of 178 antitoxin-treated cases. The London Asylums Hospital Report for 1896 says the eruption appeared in 35.2 per cent. of the cases treated with antitoxin.

Joint troubles also follow the use of antitoxin. Lombard had one case in which there was pain in the joints. Fleisch describes a case in which swelling of the hip-joint occurred. Perregeaux mentions thirty cases of joint trouble following the use of antitoxin.

Before antitoxin was used in the Willard Parker Hospiial 16 per cent. of the fatal cases died of pneumonia. During nine months of 1895, 53 per cent. of the deaths were caused by this disease. Winters thought "the enormous increase of pneumonia has no other explanation than the hypodermic injection of serum."

Finally we have the startling fact that the injection of antitoxin for the purpose of immunization has killed many people. Korach and Alfoldi, and many others have reported deaths following prophylactic doses of antitoxin.

1895 Dr. Cordeiro concluded his report on diphtheria antitoxin to the surgeon-general of the navy of these words: "As yet we have not the slightest basis on which to found an expectation that fewer chitdren will die in the future of this disease on account of the serum treatment."; and every year adds fresh testimony confirming the justness of this decision. The cases which are now lost when treated without antitoxin, the septic cases, the bad kidney cases, the paralytic cases, and the stenotic cases, are just the ones which it has been shown cannot be cured with antitoxin. And from all the bad effects, pointed out above, caused by the use of antitoxin, it follows that many lives have been sacrificed which might have been sav-

ed with the usual time-honored remedies.

* * *

CHLOROSIS, by Dr. S. Ascher, of Hamburg, Germany. Translated from the Allgemeine Medizin, Central Zeitung.

Although chlorosis in its typical form, which occurs especially in females at the time of puberity, is generally amenable to medical treatment, there are cases in which all our efforts to effect a cure are unattended with successful results. We are inclined in such cases to call to mind the explanation given by Virchow, who assumes that chlorosis frequently depends upon congenital narrowing of the arteries; yet this explanation is of little aid to the practical physician. If we remember that the action of iron —our panacea in chlorosis—is yet a mooted question, and that doubt still exists as to whether iron is capable of absorption by the stomach or intestines, it is natural that we should welcome preparations which promise to give better results than those in previous use.

It is well known that in the haemoglobin of the red corpuscles manganese is constantly found in connection with iron. Opinions have always been divided as to the significance of manganese in the blood, as regards the question whether manganese is really a constant constituent of haemoglobin or an occasional one. We know that the function of the red corpuscles to take up oxygen is chiefly attributable to the presence of iron, but an active part in this direction has also been ascribed to manganese. While in chloride of iron one-third of the chlorine is active, this property belongs to a still greater extent to manganese chloride, a combination of chlorine and manganese corresponding to that of chlorine and iron. Iron chloride is a much more stable combination than manganese chloride, which decomposes even at ordinary temperatures and gives off one-half of its chlorine; it is, therefore, quantitatively more active than iron. Manganese as a constituent of the blood exerts a stronger polarizing effect upon the oxygen and gives off the latter more readily than iron.

Manganese is, therefore, a more powerful oxidizing agent than iron, and, absorbed into the body, will exert an energetic assimilative action.

Joh. Kugler, in 1838 was the first to recommend the manganese salts in scrofulosis. He made the observation that persons who handled manganese oxide in a chlorine bleachery enjoyed an immunity from diseases of the skin, bones and glands. In 1844 Hannan found a diminution of manganese in scrofulosis, and to a still greater extent in anaemia and chlorosis, In chlorosis he found that the quantity of iron was sometimes chiefly diminished and sometimes that of manganese. He therefore distinguished chlorosis from lack of iron and manganese.

Although this schematic classification cannot be accepted, other investigators of more recent times have established a connection between chlorosis and a deficiency of the quantity of manganese in the haemoglobin.

In 1852 Petrequin recommended manganese in combination with iron. He maintained that in all cases in which iron is indicated but proves ineffective there is a deficiency of manganese in the blood. Among recent authors Rhule, of Bonn, has warmly recommended the combination of manganes with iron in the treatment of chlorosis, and lately manganese has been employed with much success for amenorrhoea in young persons between the ages of eighteen and twenty years.

Notwithstanding these high commendations from various sources, manganese was not generally adopted in the treatment of chlorosis, and in cases when iron failed to act resort

was had to purely dietetic measures. The reason for this was that no preparation existed in which iron was combined with manganese in a readily absorbable form. Such a preparation however, is Gude's pepto mangan, and the results obtained from its use by myself and others are exceedingly promising.

Gude's pepto mangan has been tried by me and a few colleagues in various diseases associated with a depreciated condition of the blood, altogether in eighty cases, and in the following I will give a few exact data concerning the observation thus far made by us.

In the simple chlorosis of females during the period of puberty we have employed Gude's pepto mangan in about thirty cases with uniformly good results. The remedy was always well borne, digestive disturbances were never observed, the marked symptoms of headache, vertigo, palpitation of the heart, and loss of appetite were improved within a few weeks. The bodily weight increased by one-half kilogramme (about one pound).

EPIPHORA, OR THE WATERY EYE: Its Complications, Etiology, and Management, by J. H. Woodward, B.S., M.D., New York.

Dr. Woodward's treatment of this condition is as follows: It must be evident to every one that the management of epiphora consists in much more than probing the nasal duct. But complete discussion of the treatment of the various causes that induce the symptom would, of course, be out of place now, because unnecessary. Simple enumeration of the etiological factors is sufficient to suggest to every one the proper handling; and I shall conclude my remarks, therefore, with a few observations upon the purely local management of some of the conditions that impair the function of the drainage system.

We have seen that the size and position of the inferior punctum are altered in a certain proportion of the cases. Narrowing of the lumen of the punctum is common, and may be detected best by attempting to introduce the smallest lacrymal probe—00. Eversion of the eyelid may be very slight indeed, and yet be sufficient to remove the punctum from proper contact with the eyeball. For both these conditions, removal of a V-shaped segment from the posterior wall of the punctum and canaliculus is the most satisfactory procedure. The canaliculus will not collapse when cut into, but maintains its form very much like a rubber tube under every sort of manipulation. Having removed the V-shaped segment the patency of the drainage system may be estimated by injecting a solution of boric acid into the canaliculus by means of a hypodermic syringe provided with a blunt needle, or by passing lacrymal probes. I prefer to syringe all cases first, and avoid probing whenever it is possible to do so.

When the canaliculus is sufficient, and when there is a stricture at its nasal extremity, the custom is to divide longitudinally the posterior wall of the canaliculus, cut the stricture, and pass the largest probe that the nasal duct will hold. It seems to me, however, that simply slitting the canaliculus is not sufficient. The edges of the wound will lie in contact with another, and hence the freedom of drainage will not be much increased by the operation.

Relapses are commonly due to attacks of cold in the head. When they become manifest, the probe should be passed, and the syringing resumed, according to circumstances. Lacrymal abscesses are treated like other abscesses. When the acute symptoms subside the chronic condition in the drainage system may be attacked.

W. B. METCALF, M. D.

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W. B. METCALF, M. D.

Dr. Walter Bradford Metcalf comes of good colonial stock and like a large majority of our leading minds spent the early years of his life on a farm.

He was born near Marengo, Illinois, Jan. 3, 1867. The doctor attended the schools of Marengo, graduating from the high school in the year 1887. He was a favorite with the teachers and class-mates and when the responsibilites of life opened out as a reality before him he became a hard working student.

After teaching for two terms in a village school near his own home he went to Janesville, and while there decided to enter the medical profession and commenced his preparatory studies. Four years were spent in the Chicago Medical College, medical department of the North-Western University. During the last two years in college he assisted Dr. John E. Owens, chief surgeon of the C. & N W. R. R. in the company's emergency work in Chicago.

After graduating, Dr. Metcalf went to Janesville where he built up a good general practice. During his professional career in Janesville he took an active part in all matters tending to elevate the profession. He was attending physician to the Palmer Memorial Hospital and was secretary of the staff. After remaining there two years, he was induced to become resident physician at Lake Geneva Sanitarium, and was also appointed assistant surgeon to the C. & N. W. R. R.

At this time he opened an office in Chicago and accepted the position of clinical assistant to the chair of internal medicine at the Chicago Polyclinic, also the professorship of diseases of the stomach and intestines, at Jenner Medical College, the latter position he still holds. But in May, 1897 he resigned the position at the Chicago Polyclinic and accepted a position as professor of diseases of the stomach in the Chicago Clinical School.

He resigned the superintendency at Lake Geneva Sanitarium, Sept. 1, 1897, and moved to Chicago where he is now doing an extensive practice in his special line. September 1898, the National Medical College tendered Dr. Metcalf the position of professor of diseases of the stomach.

The doctor holds a large clinic each week at Jenner Medical College and Dispensary. He is a member of the leading medical socities both local and national, He has done much original work and is an authority on diseases of the stomach and intestines.

Dr. Metcalf is a writer of force and ability, and has contributed some valuable original articles to leading journals. We are very glad to be able to publish the practical articles which the doctor is now furnishing for the Recorder.

ORIGINAL ARTICLES.

THE DIAGNOSIS OF DISEASES OF THE STOMACH.

LECTURE DELIVERED AT JENNER MEDICAL COLLEGE.

By Walter B. Metcalf. M. D., Prof. of Diseases of Stomach and Intestines, Reliance Building, 100 State Street, Chicago.

CHEMICAL EXAMINATION OF THE CONTENTS OF THE STOMACH.

[Continued from last month.]

For this purpose it is necessary to remove the contents with a stomach-tube. This tube is preferably made of moderately soft rubber, with a somewhat tapering extremity. It is open at the end, and has several large and small fenestrae near the tip. The tube should be thirty or more inches in length. In its introduction it should be pressed against the posterior pharyngeal wall, guided, if necessary, by the fingers of the left hand placed in the mouth. The patient being told to swallow, the muscles of deglutition grasp the extremity of the tube, and with a little forward pressure from the operator, it moves downward to the stomach. A slight resistance is felt as the tube passes the cricoid cartilage. If the pharynx be very irritable, it may be painted with a solution of cocaine before the introduction is attempted. Never use oils on the tube, as the mucous furnishes all the lubricant that is necessary.

The tube should be introduced a distance of about twenty-four inches from the incisor teeth, except in gastrectasia, where it is necessary to insert it somewhat farther. After introduction the contents of the stomach may be removed by expression, the patient leaning forward, while firm pressure is made over the epigastrium, or the contents may be aspirated by means of a rubber bulb attached directly to the tube or immediately through a wide-mouthed, air-tight bottle, in which the gastric contents may be received.

Einhorn has invented a stomach bucket for the same purpose, but only small quantities of the contents can be removed by it.

Different test meals have been proposed, by the removal and examination, of which the condition of the gastric chemistry could be determined. Among them are those of Riegel, Ewald, Reichmann and Jaworski.

The trial breakfast of Ewald is the one in common use. This consists of a roll of bread, with a glass of water or a cup of tea, without milk or sugar, taken on an empty stomach. In an hour the gastric contents are to be removed. These should normally not exceed 40 cc. in amount. Free hydrochloric acid should be present, but lactic acid absent.

Rennet ferment and rennet zymogen should be present. Starch should have been converted to acrodextrine, maltrose or dextrose, so that the albumen should have been converted into albumoses.

The gastric contents should now be filtered and an examination of the filtrate conducted systematically. The filtrate should be clear yellow or yellowish-brown.

The reaction may be tested by litmus paper or Congo paper, the latter becoming blue in the presence of acid.

The total acidity is a matter of importance. It is to be determined by titration. Five or ten c.c. of filtrate are titrated with a one-tenth normal sodium-hydrate solution, having previously added to the filtrate a

few drops of a weak solution of phenolphthalein.

The point of neutralization is indicated by the development of a persistent faint-red color. Ordinarily four to six cubic centimetres of the solution are required. If the acidity depends upon free hydrochloric acid, and not on acid salts or other acids, the amount present may be calculated on a basis of one cubic centimetre of the one-tenth soda solution, equaling .03646 of hydrochloric acid. When 10 c.c. of stomach contents are used, mulply .03646 by the number of c.c. required to obtain neutralization. This will give the percentage of h. cl. present the normal limit (is 0.14 to 0.24 per cent. Percentages outside of this are pathological.

The determination of whether the acidity depends on free acid or on acid salts is done with tropaeolin, or with Congo red. The dark yellowish red solution of tropaeolin, or the paper dipped in it and dried, is turned to dark-brown or brown-red with free acid. With acid salts, however, it becomes straw-yellow. Congo red is made deep-blue with free acid, but is unchanged by acid salts.

To determine the presence of hydrochloric acid, one of the best reagents is that of Gunzburg. One part of vanillin and two of phloroglucin are dissolved in thirty of alcohol. The solution is pale-yellow, and should be kept in a dark bottle. To employ it, one drop is placed in a porcelain dish with a drop of the gastric filtrate, and the dish heated gently over the flame.

If hydrochloric acid be present, a rose-tint develops as evaporation takes place, and finally becomes a deep cherry-red. The test is extremely delicate, and is not interfered with by albuminates, acid salts or organic acids. Another test is that of Boas, consisting of resorcinum resublimatum, 5; saccharum album, 3; spiritus dilutus, 100. Three to five drops are mixed with an equal amount of the filtrate in a porcelain dish and gently heated. A purple-red color is developed if free hydrochloric acid be present.

The actual amount of hydrochloric acid present may be determined by Boas' modification of Mintz's method. Ten cubic centimetres of the filtrate are shaken with one hundred cubic contimetres of ether to remove the organic acids. The fluid remaining after the ether is separated is titrated with a 1-10 per cent. normal soda solution until Congo red fails to develop a blue color.

In place of this the original method of Mintz may be employed, in which ether is needed, and the neutralization is determined by the phloroglucinvanillin of Gunzburg. Ordinarily the amount of hydrochloric acid varies between .14 and .25 per cent.

The best test for lactic acid is that of Uffelmann, consisting of a dilute aqueous solution of neutral ferric chloride, to which is added a drop or two of carbolic acid until an amethystine color results. A few drops of the gastric filtrate added to this, changes the color to a canary-yellow if lactic acid be present. Lactates, phosphates, sugar, alcohol, and, if concentrated, hydrochloric acid may, however, produce the same yellow color. If, then, it be important to determine positively that the reaction is due to lactic acid, twenty cubic centimetres of the filtrate should be shaken with three or four different portions of ether, each of ten cubic centimetres; the ether evaporated to dryness; and aqueous solution of the residue made, and this tested by Uffelmann's method.

Butyric acid produces a more brownish color with Uffelmann's test. It has likewise a very characteristic odor.

Acetic acid also has a characteristic odor. It may likewise be detected by dissolving the residue of the ethereal extract in water, neutralizing this with

carbonate of sodium, and then adding a neutral ferric-chloride solution, which produces with it a blood-red color.

If hydrochloric acid be present, it may be assumed that pepsin is also secreted. A further indication of it under these circumstances is the trial of artificial digestion. A thin disk of hard-boiled egg-albumen is placed in a test-tube with a few cubic centimetres of the gastric filtrate, and kept at a temperature of about 100 ° F. for some time. If pepsin and hydrychloric acid are present in normal amount, the egg will be dissolved in a few hours.

If no hydrochloric acid be present in the gastric contents, pepsinogen will be found instead of pepsin. Enough of the acid should be added to produce the color reaction. This turns the pepsinogen, if present, into pepsin. The test of digestion may then be applied. The presence of rennet may be determined by adding to a small quantity of neutral boiled milk an equal quantity of carefully neutralized gastric fiitrate, and keeping this mixture at about 100 ° F. Curdling will take place in ten or fifteen minutes if the curdling ferment be present. In place of this method two to five drops of the filtrate may be added to ten cubic centimeters of raw milk and the same procedure followed.

The rennet zymogen will not itself curdle milk. Its presence may be detected by first rendering the filtrate alkaline with soda solution, and thus destroying any rennet present, and then by adding two to three cubic centimeters of a 1 per cent. solution of chloride of lime. If the rennet zymogen was present, the filtrate will now coagulate milk if tested for rennet.

The tests for peptone and the various albumoses are too complicated for ordinary clinical study, and the subject is by no means clearly understood.

Starch and erythrodextrine, may be tested for by the addition to the filtrate of Lugol's solution. The first gives a blue color with iodine; the second a purple.

Motor and Absorptive Power—Finally, are to be considered the motor power and the absorptive power of the stomach. The motor-power can be determined by noting the amonnt of fluid obtained after a test-breakfast. If more than forty cubic centimetres are procured, it is an indication that this power is diminished. Another method is that of the use of salol, recommended by Sievers and Ewald. Fifteen grains of salol are taken in water soon after a meal. In half an hour the urine is tested with neutral ferric-chloride for the violent reaction which it produces with salicyluric acid.

The testing may well be done on filter-paper. It should be continued every fifteen minutes until a result has been obtained. The color indicates that the salol has left the stomach and been broken up in the alkaline juices of the intestines into carbolic and salicylic acids, The reaction should appear in sixty to seventy-five minutes, and a longer delay indicates motor insufficiency.

Huber modifies the test by determining how long the reaction persists. In healthy persons he claims that it should last twenty-four hours, while in cases of motor insufficiency it may continue two days. Neither method is entirely reliable, owing to variations in the composition of the contents of the first part of the small intestines.

The rapidity of absorption from the gastric mucous membrane may be determined, as recommended by Penzoldt, by giving fifteen grains of iodide of potash in capsules, and by testing the saliva every few minutes with starch and acid in search for the iodine reaction. The blue color should be produced within fifteen minutes in normal cases. The value of the test, however, is questionable.

(To Be Continued.)

THERAPEUTIC SUGGESTIONS.

(First Paper.)

By Edward E. Rothrock, M. D., Tennessee Colony, Texas.

VERATRUM VIRIDE.

Veratrum viride, American hellebore, is a cardiac depressant and spinal paralysant. It affects the respiration much less than aconite. An emeto-carthartic in small doses veratrum reduces the force of the pulse and if continued the pulse becomes slow, soft and compressible.

Toxic doses cause depression, nausea and vomiting; pulse very rapid, small, nearly imperceptible, skin cold, clammy, giddiness, impaired vision. It is seldom fatal; when death results from its use, it is caused by paralysis of the heart. In veratrum poisoning, morphine and atropine antagonise the cardiac depression. Alcohol, whisky, ammonia, strong coffee, dry heat to the entire surface are also effective.

Its properties are emetic, carthartic, diaphoretic, expectorant, nervine, antispasmodic, arterial sedative, resolvent, febrifuge and anodyne, employed in fevers, inflammations and derangements of the nervous system. We have used it in delirium tremens, mania, whooping cough, asthma, hysteria, cramps, convulsions, epilepsy, functional and organic diseases of the heart. In fact, when a stimulant is needed, then veratrum is indicated to stimulate the vital forces.

Fevers and inflammations of the severe type and of the most aggravated kind, yield to its healing virtues. It is invaluabe in the treatment of pneumonia and puerperal fevers. In puerperal convulsions it is of great use, given in large doses, twenty to thirty drops. It is as nearly a specific in its actions as a remedy can be administered in all conditions of depression, where the respiration and pulse, action of the heart frequent and labored, are frequent, and heat of the body great. We can with veratrum hold the heart in bounds, regulate the entire vascular and nervous system. In fact, strengthen, regulate and equalize the entire circulatory and nervous energy.

It is a pure arterial sedative, and when used properly it is positive, certain, safe and efficient. In endocarditis, it acts with certainty, removing any obstruction to the circulation that is frequently caused by organised lymph-embolus. It acts on the nervous centers, arresting irritation and preventing determination of blood. It allays irritation of the sympathetic, and thus proves frequently sedative and increases secretion.

It is therefore of great service in diseases of the kidneys and bladder.

In fever where the pulse is full, fast and corded, given in doses of two drops every hour, it will allay the storm. If the pulse is fast and weak, then one to two drops every two or three hours will have a good effect in reducing the frequency and increasing the strength of the heart's action and circulation. We generally give one to two drops every hour, then every two or three hours, according to indication.

As an alterative it is par excellence, and in combination with iodide potash, stillingia, corydalis, or iris versicofor, as indicated, it is of great efficiency. It is a good alterative, given in small doses, one drop every three hours, and will frequently cure cutaneous diseases.

Used as a liniment in sprains, bruises or tumors, it is excellent; used in rheumatic enlargements of the joints, in eczema, etc., it has a curative effect, as a lotion with glycerine, externally applied to the parts; in erysipelas, it is a fine agent applied locally to the parts, reducing the inflammation of the skin. In irritation of the urethra and enlargement of the

prostate gland, given in small doses and applied locally, it will often act like a charm.

Veratrum is of use in every form of febrile exanthema, especially scarlatina, and in those cases of increased plasticity of the blood, a tendency to production of effusions and exudations. In rheumatic fever it subdues the fever and arrests those copious sweats that frequently arise from capillary congestion. Alternated with asclepias and cereus in this disease, it gives speedy relief.

Phytolacca, poke root, in combination with veratrum, acts well in rheumatism or erysipelas, administered internally and as a lotion; in stricture, given in small doses, two drops every three hours, has a decided curative effect. In diarrhea and dysentery it will frequently cure without any other agent, if given in small doses, two drops every two hours.

Veratrum is of great service in meningitis, phrenitis and cerebral difficulties generally.

With podophyllin or leptandrin, it acts fine where the liver is implicated in malarial fevers. In pneumonia, pleuritis, croup, asthma and any disorder of the respiratory organs, veratrum, in conjunction with asclepin, ipecac and jaborandi, as indicated, will prove sure and positive in maey cases.

It will subdue fever, relax spasm, equalize circulation, resolve the viscidity of the secretions, promote cutaneous expiration, cause diuresis and expectoration, acting on those nerves governing the expulsive power of the bronchi. Hence imparting tone to the venous, absorbent and sympathetic systems, imparting vitality and removing abnormal action. It is peculiarly useful in jaundice and dropsies. A valuable agent in atonic, mucous hemorrhoids and membraneous formations in the intestinal canal. In phlegmatic troubles of abdominal cavities, veratrum has special affinity for the pelvic viscera; therefore it is beneficial in amenorrhea, chlorosis, leucorrhea, uterine or vaginal. Veratrum is contra-indicated in paralytic cases, hectic cases, hemorrhages or pregnancy.

VIBURNUM PRUNIFOLIUM.

We have used black haw for forty years, and in days "long ago" dug the root and administered it in infusion or tincture. In days of "auld lang syne," when we were a young doctor, inflated with medical puppyism, and would not have been surprised at receiving a call to fill a chair in some college, we could not get those nice preparations we have at present, fluid extracts, specific tinctures, etc. Elixirs were hardly known; tinctures were not reliable; so to obtain "good medicines" a walk into the woods and fields was in order, to dig black-haw, yellow-jessamine, may-apple, black-snake root, senega, gen-sing, to peel wild cherry bark and gather "yarbs." We made our year's supply of tinctures from the green roots and bark with gin or old time pure whisky, and were as successful in curing diseases as now with new remedies, and proprietary preparations put up to meet every pathological condition.

We believe in progress, but proprietary preparations can be seen in dwellings purchased by the people the same as patent medicines, and they progress many an M. D. out of shekels, if not out of a living. Success in ye olden time, as now, was ours, although some cures were not as prompt, perhaps, then as now. One of our favorite remedies, as well as now, was viburnum prunifolium—black-haw; the bark of the root was used, though the stems and branches are also medicinal. It is used for its anti-spasmodic, tonic, astringent, diuretic and alterative effects. It is valuable in aphtae, and as a wash to ulcers, and also is useful in ophthalmic affections. It is curative administered internally in chronic

diarrhoea and dysentery. It has a good effect in palpitation of the heart.

A nervous sedative par excellence, it exerts an especial tonic influence upon the uterus and its appendages. In threatened abortion, if given in time, it seldom fails; it is very useful in relieving severe after-pains. Its action is sure and positive as a prevention in cases of habitual miscarriage; the use should commence a week or two previous to the period of aborting time and continued through the remaining period of pregnancy. Viburnum prunifolum and mitchella repens, combined or alternated, act like a charm in abortion. Exerting a sedative influence on the organic, sympathetic system of nerves, governing principally the fundus of the uterus, and secondarily affecting the cerebrospinal system, which supplies the cervix, their filaments reflected to the body of the organ.

It is an anti-spasmodic wiping out irritation reflected to the generative organs, hence preventing abortion. Given in 20 to 30 drop-doses every fifteen minutes until relief is complete, continued in sixty-drop doses three times a day until there is no danger of miscarriage. We have given the viburnum for months in such cases with happy effects, the woman going her full time. It will frequently cure nervous headaches; in headaches occurring in the puerperal state, it frequently acts promptly, giving relief in a few minutes. In dysmenorrhea, menorrhagia and amenorrhea it is of use relieving promptly, given in doses of thirty to sixty drops of fluid extract every fifteen, thirty or sixty minutes, as indicated. It cures menorrhagia by its sedative and astringent propensities, controlling reflex irritation, checking and preventing hemorrhage. In combination with coca and celery, it cannot be surpassed for its tonic sedative properties. With aletris and helonias dioica, it is the best uterine tonic that can be used. With cimicifuga or pulsatilla, according to the pathological condition existing in each case, it is a valuable remedy. In ovaritis, black-haw is valuable, combined with pulsatilla, and with the bromides it is prompt to relieve pain and irritation.

HYDRAGOGIN.

By H. Speier, M. D., Janesville, Wis.

Hydragogin is a new pharmaceutical product, presented to the last German congress for internal medicine by Dr. Goldberg, Berlin, after practical trial extending over eight years. He claims for the combination diuretic and diaphoretic power greater than that shown by any other drug, and advises its use in cases of heart or kidney disease of advanced degree, having had good results in many such cases and giving marked relief of the most distressing symptoms, intense headache, dizziness, palpitation, dyspnoea, frequently present in the stage of atrophy of chronic nephritis.

The remedy is put up in 15-gram bottles. Each bottle contains 1.5 tincture digitalis and 2.5 tincture strophanthus The average dose being 15 drops, each dose contains about 1½ drops of digitalis and 2½ drops of strophanthus. The other remedies entering into the compound are scillipikrin and scillitoxin, the active principles of scilla maritima. To this is adced 0.5 grains of oxysaponin, an extract from herniaria glabra, a gray, amorphous powder, with pungent, irritating odor. Given by itself oxysaponin is slightly diuretic and causes thin, watery discharges from the intestines. The combination constitutes a diuretic much more active than any one of the ingredients singly or together with others.

Hydrogogin is only slightly toxic, given either by mouth or hypoder-

mic injection as proved by experiments in the physiological laboratory of Gottingen.

The dosage of the remedy must be carefully adapted to each case. Many persons can readily take 15 drops every hour, with the result of a rapid disappearance of oedema. Others experience after the the third dose nausea, depression, loss of appetite, etc. As soon as such symptoms appear, the remedy is to be stopped for about a day, then to be resumed in small doses, 10 drops every two or three hours and even less. Even in those patients who bear the remedy well the frequent stools and profuse diuresis make a reduction of dose necessary after the third day. In angina pectoris 40 to 50 drops given in broken doses give relief and freedom from attacks for weeks and even months.

While using hydrogogin patients are to be kept on a strict milk diet to the exclusion of all other food. Hydrogogin promises to be a valuable therapeutic addition, serviceable in those cases where we welcome any help whatever. It deserves a thorough trial.

MEDICAL LEGISLATION.

By J. A. Pratt, M. D., Aurora, Ill.

We are coming to a time when we must have different medical laws, and we certainly should be prepared to have the best. Many physicians in discussing this question think too much of themselves. Our lives are short, so we should try and make conditions, not with the view of our own selfish ends, but for the benefit of the future physician.

In my mind, two conditions are necessary to make this possible:

1. Interstate reciprocity laws, governing medical practice.
2. State universities of medicine.

To have interstate reciprocity, we must raise the educational standard of our physicians. We cannot do this with the present practitioner, as this would depend wholly on himself, but we can raise the standard of the future practitioner. To do this we must raise the standard of his school. We can do this by making the medical department a protege of the state. A state university of medicine, where the first two years of study would be together and the last two in their special isms. Graduates of these universities would receive the best instruction in medicine, and then diplomas would be recognized anywhere in the United States, because every state would have the same standard of medical education.

The one-horse medical colleges are responsible for the present state of affairs. Organize your state university of medicine and they cannot live, because their graduates must stand the same final examinations given the students of the state university, which they will be unable to do.

What will we do with the present practitioners? Make everyone who has been in practice for the past ten years either hold a diploma from some medical college or a state certificate. Those who have practiced for more than ten years should be allowed to continue. They cannot live forever, and the more advanced physician will absorb nearly all of his present practice,

Medical men are a political power, if they will only stop their petty uarrels and jealousies. Medical legislation is a benefit for everyone and not for a few. A physician who is a legitimate practitioner need never fear the medical laws. It is surprising that the physicians who are among the best educated men in the country should not organize and work for their own protection.

ALKALOIDAL THERAPEUTICS

This Department is conducted by A. L. Blesh, M. D., 709 W. Noble Ave., Guthrie, Oklahoma. Original articles, reports and notes on dosimetry are desired for this Department.

IMPLEMENTS OF PRECISION IN JUGULATING FEVERS.

By N. B. Shade M. D. Washington, D. C.

The principal object in acute, especially contagious and infectious diseases, is to counteract tissue change, which is due to a high temperature.

The first thing to be done at the beginning or stage of invasion (not waiting for a diagnosis) is to act upon secretions by giving decided doses of hydrargyri chloridum mite, 5 to 10 grains, in capsules or sprinkled on the tongue. In scarlet fever or diphtheria the writer prefers the latter mode of administration. and in five or six hours follow with a saline cathartic. If free purging is not a result resort to hot water flushing say ½ gallon or more until the alimentary canal is well cleansed. If necessary repeat the dose of the mild chloride and get bilious stools if possible inside of the first six to twelve hours. After giving the first dose of calomel the writer prescribes the active principles of aconite, digitalis and veratrum viride, in alkaloidal form, which are prepared in granules in very small doses, one granule of each alkaloid every thirty minutes until sedation or nausea or vomiting is produced, when the doses should be an hour or two apart until the fever begins to rise again. In this way a very high temperature can be avoided and as a result plasma and fibrine is not sufficiently poured out to produce tissue change, lesions &c; which can only be produced by a very high temperature. The temperature may reach 104, and 105 without serious tissue change, provided a gradual sedation is taking place.

If the implements of precision I have mentioned, are administered until a physiological effect is secured and repeated as often as the temperature goes up again, there will be but little danger of sequelae or tissue change, if in the mean time we are successful in acting upon the secretions and cleansing well the alimentary canal.

If however the glandular system remains checked up and the millions of absorbent vessels go off on a strike as it were the patient will develop some serious symptoms and no doubt run through a protracted spell of fever or succomb to auto-intoxication-blood poison and die.

To be successful in treating infectious diseases it is necessary to begin active treatment at once and assist nature to get rid of the cause which is congestion of, or a surplus of business that cannot be handled by the glands and absorbent vessels, having lost their functions which may be temporary or permanent. No time should be lost by waiting for a diagnosis.

"All coons look alike to me," will apply to the writer's opinion and experience in the primary symptoms of acute infectious diseases. All fevers begin, or may appear to be synonymous in many respects and it is impossible in many cases to tell whether scarlet fever, typhoid fever, diphtheria, gastric fever, small-pox, la grippe or meningitis is developing. The causes which produce a malignant atteck are identically the same and it is the duty of the physician to assist nature in re-

moving the cause at the earliest possible moment, namely act on the secretions well, and in the meantime administer the alkaloidal granules already mentioned while you are watching for diagnostic development. Many times the physician can guess and in some cases be almost sure what the diagnosis will be, but even then the primary treatment is essentially the same in all cases. The combination of the three alkaloids, the writer has already referred to, in securing a safe sedative effect was first suggested by Dr. Burggrave, an eminent French physician, he claiming that digitalis is a safe guard in the administration of aconite and veratrum viride. The writer has found that in addition to digitalis being a safe guard it has an elegant effect upon the kidneys and the whole physical system as a revitalizer in toning up the heart, circulation and osmosis of the blood in passing through the lungs from the right to the left heart. It is to be lamented that we are, as a profession, still wedded to the old tinctures and extracts which should become obsolete as they have served out their day and generation faithfully. With the great advancement of the scientific chemist, the old druggist and pharmacist dwindle into absolute insignificance.

Why, you may secure a sample of the tinctures of aconite or digitalis from a dozen different druggists, who make their own tinctures, and it is very doubtful if you will find two samples of the same strength. How then can a physician prescribe intelligently and successfully under these circumstances? Even if possible to make the tinctures or extracts the same strength, the oldest tincture or extract would be the stronger on account of the alcohol which must of necessity evaporate and gradually diminish the original dose intended. This will apply to all tinctures and extracts, as all contain more or less water and alcohol.

The foregoing is from an article in the November number of the Medicus. Dr. Shade's opinion is of value, as he is an expert in the treatment of infectious diseases.

CALCIUM SULPHIDE.

Calcium sulphide is one of the most nseful agents in the materia medica, if a good preparation is properly used. Dr. J. G. Atkinson, in the St. Louis Medical Era, speaks of some of his experience with it as follows:

Calcium sulphide has been lauded as a cure for phthisis. As a remedy for boils, pimples, and some forms of skin disease it stands without an equal. Its administration is the best abortive for all cases threatened with suppuration. To impress the reader I relate two cases—mammary abscess, and caries of head of tibia:

Mrs. K., after her second confinement, was threatened with abscess of left breast. She informed me that after her confinement she had abscess of the breast, which resulted in incompetency. I prescribed the drug in grain doses every four hours. Resolution took place on the third day; and, what is more remarkable, the breast returned to its normal function.

Miss M. D., who had been treated surgically some years previously for caries of head of tibia, was threatened with a recurrence. The site of the old sinus and lesion became red, hot, swollen, tender, and painful. I prescribed calcium sulphide in grain doses every six hours. The symptoms abated on the third day, and the patient was able to resume her usual duties on the tenth day, and has remained well every since, a period of six months.

It is said that vinegar applied to the hands will remove the odor of iodoform from them.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

THE INTRUSION OF A THEORY.

There never was a man more practical and more hard-headed than the late Dr. John Swinburne, of Albany. There was nothing poetic or uncommon place about him, and he had very little patience with those who were conspicuously sensical and theoretical. The first paper that I ever contributed to the medical press was on "Genu Valgum," in the Medical and Surgical Reporter, early in 1878. I had made it as flowery as possible, and felt as proud as you please over it. Shortly after, Dr. Swinburne did the operation for excision of the astragalus, and it was suggested that as it had some importance, I should "write it up" for the Medical Record. I did so, with all of the flourishes at my command, and the doctor revised it. When it was printed it was the crudest, matter-of-fact report ever written. The dose was bitter, but it did me good, and especially as it brought Dr. Swinburne and me into an advantageous intimacy. This continued for some years, until his death. It was but just previous to that event, when, planning a European trip, I called on him for some letters of introduction. My face was set toward Berlin, but he refused to sanction the idea. In the time of the commune he had introduced the American ambulance service into Paris, and the letters were to what he called "good, straight men" in that city. And the term meant eminently practical men. "No ginger bread in their build," was the way the bluff old man put it; and I found him right. One of these men was Brown-Sequard.

I have, in another paper, given some narrative of this great Frenchman's work, and I use the adjectives consistently. He was a great man, and one after the heart of Dr. Swinburne—very practical. Concerning this I desire to be very emphatic. If I were to name the four most practical men of that decade in Europe, I should say Anstie, Billroth, Virchow and Brown-Sequard, and the last named would not stand second to any other of the quartette. I draw particular attention to this striking aspect of his character, as it was in the second year after this that he brought forward his "fountain of youth" scheme, and his "extracts of the testes" for hypodermatic injection were mercilously ridiculed as impractical and visionary. For my part, with the man standing before me, firm and honest, I must say that I believe him to have been very sincere. If I have not reverenced his opinion, I have respected it heartily.

This estimation has continued with me, and in the last eleven years the "theory" has been developed. I do not believe that the brusque Parisian ever considered it a theory. He believed it, and he wanted it believed. But others have simply theorized; and as the idea has grown up, the theory has been wonderfully and beautifully elaborated, and made sizable and scientifically comely

Perhaps I had remarked that I had faith in the idea, basing the opinion on an appreciative esteem of Brown-Sequard, as it came to pass that I was consulted in the matter. It was the old, old "problem," as grey and decrepit as Aesop's fables. "The theory is so-and-so. Practically it is not so-and-so. Make the practical fact conform to the theory." The theory, as rehearsed to me, was the Brown-Se-

quard edition in vellum, with illuminated margins. Perhaps some of us have forgotten it in the years since 1888, and I may be excused for repeating it as it was given me in commission. I quote the letter:

"The discovery is one which will solve the problem of circumventing old age. It is asserted that by the hypodermatic injection of the aqueous extracts referred to, a return to youth may be promoted. The person hypodermatically charged with the 'life cells' of the animals from which the extracts are derived, will be rejuvenated, as the injection fluid will displace the mineral deposits which have accumulated with age. So life will be prolonged, perhaps doubled."

But how can this be made to be?

That was the problem.

There is something indeed that is very delightfully fascinating about this "fountain of youth" business, and I will confess that it was a pleasure to undertake the inquiry leading up to the solution. In Josh Billingism, "It's ruther fun ter feed a cat on mice soze ter larn her ter ketch mice."

My clients had the "cat," fat and sleek, and she was warranted to catch mice, but wouldn't. Would I treat her to a know how diet? Do not get the idea that there is anything crude in the matter in our day. The Brown-Sequard method of hypodermatic administration has been quite thoroughly modernized. No longer is there the almost invariable septicaemia and pyaemia. No longer does clumsy advertising of miraculous cures by a list of extracts of nearly every known gland catch the eye. No longer is it the ascendant star of nitro-glycerine. It is the logic of the great Frenchman, leavened by the practical push of Americanism. The "aqueous extracts" are before the profession, from the great slaughter houses of the west, from the ambitious manufacturing chemists, and from the pathological laboratories of Germany. The cat is full-grown, well-nourished and gifted.

The glandular extracts have all received respectful and distinguished consideration. They have been employed, and employed with none but promising results. This must be admitted. The theory has been lifted sky-high. Whether they are all one and the same or not, may scarcely matter; the fact remains that the "organic extracts" are in the newer materia medica. There are "pure extracts," and there are "desiccations." There are products of the entire glands and of the parenchymata. Not only is "old age" remedied, but we have cures for half the diseases in the nosology. There are thyroid extracts, and thymus, ovarian, suprarenal, testicular, mammary, parotid and all the other extracts. They are all theoretically rich in "life fluid," and here we may invoke Brown-Sequard's shade.

These "complex products of definite chemical composition" are fearfully and wonderfully constituted chemically, if we may believe the circular matter. They contain spermine, lecithin, nuclein and some other –ins and –ines, all worth their weight in gold (or brass). Into the hodge-podge is thrown a little phosphorus, just "a little." "And now, see here," said my Nicodemian friends, "what we want is to supply the principles needed by economy, don't you know? Something like hyphosphites for pulmonary tuberculosis. The teaching of theory is that upon these extracts depend the vitality and growth of animal and vegetable life, and that thus it cures and feeds, see?"

I saw. The "problem" was something like this:

Do the glandular extracts have therapeutic virtues due to their increasing or maintaining any vital process? In other words, do they influence the normal increase of any element, and so provision it as to stimulate cellular

action to the extent of resisting morbid action? Brown-Sequard, as we all remember, expected of his "life fluid" that it would "increase the hemoglobins of the blood;" would "augment their functional activity," and (therefore) "would influence blood-making, and both restore and preserve nerve tonicity." Beyond all question, if this is so, if the "glandular extracts" can do that, they have a permanent place in the newer materia medica. Those interested claim that the theory is "all right," that the extracts are a scientific production, but that they do not always do as they theoretically should.

And they never will. The manufacturer or other who says that they will, is mistaken, in a large measure. To make a long story short, I will say that the cat is either blind, deaf or cannot smell a mouse. Some (not all, very far from all,) of these "extracts" will increase the number of leucocytes. For this reason it may be a tonic to some extent, a food to some extent and a nutriment to a still further extent. As for increasing the hemoglobin, undoubtedly it may do so.

But, understand me when I say that these effects, tonic, food and nutrient, are very largely due to the other components which enter into the composition. For instance, here is a "thyroid extract." The manufacturer says he "adds a little iodine to promote the action of the active principle of the thyroid gland." Then he describes the action of the "extract," and it is the action of the iodine. Weiss (if I remember the name aright) says it influences to metabolism of fats, and the term describes the physiological property of iodine. So of another "animal extract," which (for like reasons) contains a large percentage of phosphorized albumens. The action is that of phosphorized albumens, and the virtues that it possesses are those which they occasion.

Under the circumstances—what? Add more iodine? Add more phosphorus? Use less? Manifestly an "improved" animal extract can be made by some such manipulation, but that is begging the question. The "animal extracts," of themselves, do not have the large effect that we seek, that Brown-Sequard outlined. Their virtue is to the larger extent due to some other drug that is added, which virtue approximates the requirement only. (Puss, you see, is not in the full possession of her senses.) What then? (What then, indeed? Strangle the cat and buy a mouse trap.) The theory, as already said, is "all right." It is a good, practical theory. We can increase the hemoglobin. We can augment its functional activity. We can restore and preserve nerve tonicity and blood consistency. We can administer the true life fluid, but not by any "glandular extracts."

WILLARD H. MORSE, M. D.,
Plainfield, N. J.

(To Be Continued.)

THIRTEENTH INTERNATIONAL MEDICAL CONGRESS.

AT PARIS AUGUST 2–9, 1900.

The American national committee of the Thirteenth International Medical Congress, to be held in Paris from the 2d to 9th of August, 1900, in connection with the French Exposition has been organized as above indicated.

All doctors of medicine are entitled to membership in this congress, by making the proper application and paying the sum of $5.00. The secretary-general in Paris has instructed the American national committee to receive the applications of American physicians, and for this purpose a blank form is furnished, upon which is to be written the full name and address, degrees and positions of note held, together with the section of congress to which the writer wishes

to belong. A visiting card should also be appended. These forms, with the $5.00, are to be returned to the secretary of the national committee. He in turn will send receipt and forward the slips and money to Paris, where they will be registered, and in due course of time a card of admission to the congress mailed to each applicant.

The committee hopes the American representation in this extremely important medical congress may be as large as possible, and they would urge every member of the profession to enter his name for membership, this alone entitling him to receive a digest of the full proceedings of the congress and the printed report of the section to which he belongs.

The sections are as follows: Class I.—Biological Sciences—(*a*) Section of descriptive and comparative anatomy. (*b*) Section of histology and embryology. (*c*) Section of physiology, and biological physics and chemistry.

Class II.—Medical Sciences—(*a*) Section of general pathology and experimental pathology. (*b*) Section of bacteriology and parasitology. (*c*) Section of pathological anatomy. (*d*) Section of internal pathology. (General medicine.) (*e*) Section of medicine of infancy, (Diseases of children.) (*f*) Section of therapeutics, pharmacology and materia medica. (*g*) Section of neurology. (*h*) Section of psychiatry. (*i*) Section of dermatology and syphilography.

Class III.—Surgical Sciences—(*a*) Section of general surgery. (*b*) Section of surgery of infancy. (*c*) Section of urinary surgery. (*d*) Section of ophthalmology. (*e*) Section of laryngology and rhinology. (*f*) Section of otology. (*g*) Section of stomatology.

Class IV.—Obstetrics and Gynaecology—(*a*) Section of obstetrics. (*b*) Section of gynaecology.

Class V.—Public Medicine—(*a*) Section of legal medicine. (b) Section of military surgery and medicine.

Members desiring to present papers will forward the title and a resume before May 1, 1900, to the secretary of the section to which they belong, for each sectional committee reserves to itself the right of drawing up its own working program.

HENRY BARTON JACOBS, M. D.,
Secretary American National Committee, 3 W. Franklin Street, Baltimore, Md.

TYPHOID FEVER.

The subject of typhoid fever being uppermost in many medical journals at present, I have concluded to take part in the discussion, in which I believe I can materially curtail or simplify many of the treatments offered. Having occupied the position of resident physician in one of Chicago's public institutions, and during the interim having had many cases of typhoid fever to treat, which as a rule were of a typical character, or in other words of the worst kind, enabled me to form a line of treatment which proved highly successful and consequently satisfactory to all concerned. I shall not consume time by going into the realms of the bacillus or his ptomaines, etc., but confine myself to what is more important and what we are particularly interested in, i. e., its treatment.

First of all, I had the patient put into a hot bath (containing soda bicarbonate, about one ounce, and cayenne pepper, about two ounces) for about ten minutes; then rubbed dry and put to bed and given a bowl of ginger tea, which brought on a good sweating. After its subsidence and sponging off, put him into a dry bed (warmed) and gave a dose of calomel and soda, five grains each, followed up

in the course of four hours with a dose of rochelle salts in warm water, which invariably produced one or more copious operations of the bowels, and this followed up every twenty-four hours with a dose of calomel, soda and cayenne, one grain each, and a dose of rochelle salts a few hours after. Also give the following, viz.:

℞ Citric Acid, ʒi.
Quinine, ʒss.
Tr. Aconite Root, ʒi.
Tr. Belladonna, ʒii.
Glycerine, ʒiv.
Sugar, ʒi.
Water (boiled) q. s., ℥iv.

M. et S. Teaspoonful every four hours while awake.

As a sponging lotion:

℞ Citric Acid, ʒii.
Dist. Hamamellis, ʒiv.
Water (warm), Oiv.

M. Sponge off three times a day.

For beverages, lemonade, buttermilk, barley water, iced water by the spoonful or ice in the mouth.

For sustenance, milk cold or hot as wanted, milk toast with egg in it, baked apple, apple sauce, cranberry sauce, chicken with mutton broth with a little celery and salt in it, also a little grated cracker; cocoa, not very rich; ice cream, a little at a time; pieces of orange or banana. Change from one to the other from time to time.

The internal treatment was dispensed with as a rule after the sixth or seventh day, with the exception of an occasional dose as required. As a tissue-builder and a blood-maker, any of the reliable malt extracts, with either Stearns or P. D. & Co , Haemo-Ferrum or Sanguiferrin or any other similar preparation.

The average duration of the disease up to convalescence under this treatment is nine days. The rate of deaths has been 5 per cent. The above were nearly all adults, none under twelve. Very seldom was it necessary to resort to heart tonics, but when I did, strychnine was used.

WILLIAM B. MANN, Ph. G., M. D.,
Evanston, Ill.

CHIPS OF THOUGHT.

Reading and rereading an article by Dr. E. M. Epstein, the scholarly scrutinizer, on "Vitality," etc., recalled to memory matters and experiences of days by-gone. The quoting from Beale's "Vitality, etc.," London, 1898, which I read in Dr. E. M. Epstein's article, as the product of many years of search and research and untiring efforts of Dr. Beale are grand.

The first I ever read of Beale's writing was in the English Archives of medicine, 1861. L. S. Beale's investigation of the kidney (ren) is in my opinion a master work, microscopically and mentally, proving the expert anatomist.

Although it seems since the days of Magendi, Unzer, etc., pathological anatomy has divested itself of the vitalistic idea of our noble medical forefathers, which is even implanted in the minds of the people, as demonstrated in the number of followers of mind healers, etc., who in fact are not all fools, but altogether one-sided, not paying any attention to the old adage, "Ora et labora," but giving expression only which cannot be crushed by law nor by prone diction of self-styled materialistic professors.

This calls to memory an event of 1871, when I had the good fortune by the earnest request of my Strassburg friends to visit the University of Montpellier in southern France.

Montpellier dates its origin from the tenth century, founded by learned Arabs and Jews emigrating from Spain on account of persecution and settled on the then barren mountains, Mons Puellarum. Every one of them, after

building his own house, teaching his own branch of art at home, but in union with the spirit of the entire faculty, no rivalry among them, except for earnest investigation and true work, bound by oath to the inheritance of Hippocrates, and this union of spirit and communication of mind produced that ideal school, so far different from other colleges.

Montpellier was nicknamed by Strassburg and by Paris more so, the "Vitalistic School" for many centuries.

This school was soon celebrated for its learning, so much so that in a manuscript of 1180, kept in the archives at Prague, it was called "Fonsartis-Physicae." European princes were glad to get one of its graduates for body physicians.

The present university building, a monumental structure, was awarded under the consulate of Napoleon I. having been the residence of the archbishop.

Entering the lofty vestibule to the right, a Latin inscription in gilt, "Musis Sacrum," invites our attention. Entering, we see a large hall, the place for promotion, with the Herma of Hippocrates on the rostrum, inscribed "Olim Kous Nunc Montpelliensis Hippocrates," rather a startler to me, but nevertheless true to the last.

Now to the point. Neither religious nor medical truths were lost forever. I have heard the following sentences in the different lecture rooms:

First—The full comprehension of life and the powers of life, as taught in our school, solves the question of health and disease.

Second—Although many books have been written discussing this vital question, there is at least an uncertainty as to the point of issue: Whether the anima is to be adopted or chemismus or physical power, reflex motion, irritability or a new dynamity to be invented. According to such ideas, medical science is founded, either on psychology or physical science.

Third—Montpellier says life is as a matter of fact different from everything else, without any exception; therefore, medicine is an independent science which must govern itself; it cannot possibly exist in its purity if subordinated to psychology or chemistry, etc. On first sight it might seem justifiable to found it on pathological anatomy, but this is ridiculous, for the mechanism of our organism can never be the basis of life; on the contrary it is an historical fact that the causa of life exists before the body and that that power, called vitality, is the builder of the body.

Fourth—Since the first man on earth to the present time there was no death in the process of generation; living sperma of the progenitors have produced and communicated life to the present generation. If the organs are created and set to work by the powers of life, then said organs are only instruments of life, not life itself. The closest work of pathological anatomy cannot be the definite point of issue; it can only be a medium for the gaining of knowledge on the action of the hidden, i. e., actual life.

Montpellier does not deny the relation of other natural powers relating to life as such. What exists psychologically, chemically, physiologically or mechanically in the appearance of life is acknowledged, and therefore those auxillaries are thoroughly cultivated. But after all, this is not the real part of medical science as such, so they profess.

Sixth—To comprehend medicine eruditily, to give it an unchangeable basis, it is necessary fundamentally to locate the causa of life, as far as possible for an intelligent mind, by the which we can never show more than the effect which life shows, for the

causa of life is an original and stable fact and above it is nothing to be acknowledged than "the creative power of God, the common fountain of all visible and invisible," so says Prof. Jaumes.

I must not forget to mention the works of Dr. Lerdate, professor of physiology for half a century, "The Duality of the Human Dynamismus, etc., etc.' Query. What about the deniability of hypnotism? Is it not the greatest argument of the dualism of man? Does it not prove to a demonstration that man is not a machine only, invested with more or less steam, spirit?

Prof. Dr. Jeitelles, emeritus rector at Olmutz, professes it in a few but powerful words, saying: Man is a soul embodied (eine beleibte seele). The body is the manifestation of the soul, the visible, tangible psyche. Ut quis filium suum vult, ita est! It takes inner mental work to make the body an obedient servant of the soul, to form a character. I say this, not because I think myself a philosopher, but I am a physician.

We in Montpellier have overcome or inherrited this idea from Hippocrates, the father of all real commonsense medical knowledge.

This is laudable. Stick to the right principle and not be carried away by fashionable nonsense. Montpellier has been and is a true medical school, embodied with one grand fundamental idea, the principle of life, as referred to above, acknowledged by all its teachers, and therefore that pecular characteristic of its pupils, as great Lobstein, professor of pathological anatomy at Strassburg, said.

F. A. Beckel, M. D.,
Sheboygan, Wis.

AN INTERESTING CASE.

Accidental opening of the bladder has, for many years, been considered one of the most serious accidents that could occur in the course of complicated work which gynecic surgeons are often called on to perform. The following case is offered in illustration of this type of injury:

M. H., unmarried, age 41, was admitted to the City Hospital, Blackwell's Island, N. Y., Sept. 30, 1898, suffering from a large myoma, which sprung from the anteior uterine wall and extended above the umbilicus. On Oct. 3, the abdomen was opened, and the tumor, which weighed seventeen pounds, was drawn through an incision six inches in length, freed from its attachments and removed, together with the body of the uterus amputated near the internal os. As hemorrhage was profuse it became necessary to remove the mass very rapidly, to accomplish which the anterior attachment of the tumor was clamped and cut, when it was discovered, from the escape of urine, that the bladder had been opened near the fundus.

The general cavity had previously been shut off with gauze pads and thoroughly irrigated, followed by the use of hydrozone in half strength, and this, in turn, by saline solution. The gauze pads were now changed, and the opening in the bladder, four inches in length, was closed by means of two layers of chromicized catgut sutures. The wound was then disinfected, and there being a large peritoneal flap, it was attached to the bladder and made to cover the line of sutures, thus making the bladder-wound extra peritoneal. After further washing out the abdominal cavity with hydrozone and the saline solution, the external wound was closed, without drainage, and the usual dressing applied. The patient being feeble it was not thought advisable to make a vesico-vaginal fistula to drain the bladder, but, instead, a self-retaining catheter was introduced. At the end of ten days,

however, tumefaction occurred over the lower angle of the abdominal wound, and, on opening it, urine began to escape A vesico-vaginal fistula was now made in order to afford adequate drainage. The sinus in the abdominal wall was curetted and, after being thoroughly disinfected with hydrozone, its walls were sutured. Soon afterward, the sinus having closed, the sutures which kept open the vesico-vaginal fistula were removed, and the latter closed quickly without any further operative interference.

Percival (in British Medical Journal, 1897, Vol. 1, p. 1282) reports a case of ruptured bladder on which he operated. It was closed by means of a double wall of Lembert silk sutures. The wound in the abdominal wall was closed, after the peritoneal cavity had been flushed out with boric acid solution and a large quantity of clots and urinous fluids had been removed. For a few days the patient did well and then died from peritonitis. But the necropsy proved that the bladder-wound had completely healed. It is the writer's opinion that had saline solution and hydrozone been used, instead of boric acid, and the abdominal wound been closed leaving saline solution in the peritoneal cavity the patient would probably have recovered.

F. H. Wiggin, M. D., New York.

Several reports have been sent to us that small-pox is raging at Dixon, Ill., and vicinity. About four hundred cases have been reported at Dixon, and several cases in neighboring places. There seems to be some question as to the diagnosis; the state officials pronounce the disease small-pox, but some of the physicians regard it as chicken-pox. The unfounded sentiment against vaccination is likely to cause a good many such epidemics.

FADS.

Ever since the days of Hippocrates there have existed all kinds of fads promising all kinds of cures but the medical profession has kept steadily at its work curing the afflicted. All fads see their day, while our profession grows stronger and more useful as the years go by. There is no question but that too much opposition to these fads re-acts to their benefit but we believe that all individuals who profess to heal the sick should be compelled to observe the same laws. There is no justice in requiring a man who wishes to practice surgery, to take a rigid examination and then to allow the osteopath to practice as he pleases without any legal requirements. The editor of the American Journal of Surgery expresses the following as his opinion: Just now a great effort is being made by a number of Western States to oppose osteopathy, to check its spread, to secure judicial and legislative condemnation of its practice. To all the misguided, too active opponents of this fad should be given the advice: "Don't." The more it is talked against, the more it will grow; the more it is opposed, the more it will be advertised. The best way to kill it is to leave it alone. Osteopathy is based simply upon the principle of auto-suggestion; something is being done to relieve a specified thing, and as a result of the all-powerful influence of the mind over the body a cure is often effected, especially in chronic cases. But the people will soon learn that "osteopathy" does not cure typhoid fever, small-pox, measles, diphtheria, etc.; and learning this, will promptly reject the whole practice if it be left alone. The "system" of osteopathy will die of its own weakness. The way to annihilate it is to make rational application of its good principles and ignore the "school" as a whole.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor.

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HALL & THORNE, Publishers,
Janesville, Wis.

The druggists set us a good example in the matter of medical legislation. They seem to have no trouble in agreeing to what they want and then they successfully push their wants. In order to have the desired effect on a legislature, the petitioning body should work together harmoniously. We hope that the discussions now going on in the profession will result in an agreement to support what will be best for the whole profession.

As this is the time of the year when many of our subscribers are sending in renewals, we wish to say that it is not safe to send money in a letter. Please make your remittances by post office money order, express money order, draft or registered letter. These methods of remitting cost but a few cents and assure absolute safety. We have had considerable trouble recently in not receiving money sent in letters, and so at this time we urge our readr s to remit by one of the safe ways.

Every medical journal contains information of use if it could be readily referred to, and the only way to have this material ready for use is to bind your journals. If you keep your Recorders bound, you will find the bound volumes a valuable addition to your library. Any of our readers who send in this year's numbers can have them well bound in black leather and cloth for 65 cents; for 75 cents we will bind Volumes I and II in one nice volume. The unbound numbers of the Recorder can be mailed to us at the rate of 4 cents per pound. We return the bound volumes of the Recorder by prepaid express. We do not pay transportation charges on any bound volumes of journals except the Recorder. As long as our supply lasts we will supply missing numbers of the Recorder free of charge when we bind the volumes.

Medical legislation is a question which all classes of medical men are now considering. We have received many communications on the subject presenting various views. Dr. Pratt gives some suggestions in his article, worthy of consideration. As the Recorder is first of all a practical medical journal, we can give only limited space to the matter, but as our space allows we will publish these articles. We should all advocate and support that which will be of the greatest benefit to the whole profession. A professional friend writes us as follows: I notice in the November edition of your valuable Journal page 277 an article entitled "State Boards." I have given this matter a great deal of study and feel confident that the examining Boards as they now exist are doing an immense amount of good. Only a very few men, not one per cent., have to make sacrifices for the great good that is being accomplished. No system can exist without occasionally

working a hardship on some one, but if this small per cent. are good men and have the best wishes of the profession at heart, they will not mind it.

The low price at which literature of all kinds is furnished is one of the blessings of the age. Most of the popular magazines are sold at a much lower price than the cost of production. Nearly every medical journal is published at a price less than the cost of production. All of this is made possible by the revenue derival from the advertising pages of all successful publications. We feel rather proud of the advertising pages of the Recorder as they show that many careful business houses appreciate its value. All the advertising patrons of the Recorder are reliable and our readers can feel safe in dealing with them.

With this number we complete the second volume and the second year of the Recorder. We feel now that the Recorder is something of a veteran in the field of medical journalism as during the past two years a good many of our exchanges have fallen by the wayside and other new ones have entered the field. A year ago we said that the Recorder would be improved this year and we have fulfilled the promise. The third volume of the Recorder will be better, larger and livelier than ever. We feel gratified with the healthy growth of the past year; the large number of new subscribers on our books enables us to continue to make improvements, while it is an especial pleasure to know that nearly all of our first year's subscribers have staid with us and some are sending in their renewal for the third year. We are arranging for the publication of a large amount of original matter next year on practical subjects. The policy of the Recorder will continue the same as in the past with the improvement which comes from increased experience and we shall endeavor to publish a journal of interest and value to the whole profession. We like the editorial work and the close relations it gives us with many medical men and as Dr. I. N. Love once remarked regarding his journal, we shall continue to conduct the Recorder, year after year, because we enjoy the work as well as for the other reasons, which give the Recorder a place in the medical world.

Proper exercise is a necessity to good health, but it is time to call a halt on modern athletic practices. The college foot ball games and cane rushes have become serious menaces to the lives of the participants. A friend of ours, who reads the newspapers carefully, says that he has counted eleven deaths, this season, from injuries received in foot ball games; other students have been crippled for life. College faculties could prevent much of this, if they desired and gave it proper attention. There is a growing sentiment with the public, and especially with people who have children, against such practices; this is bound to be unfavorable to colleges and their faculties if this condition of affairs continues. Some of the colleges have not given as much attention as common decency would demand, to serious accidents which have happened in their schools. These accidents are sometimes blamed entirely to the students, but really the college faculties are more at fault than the students, as young men at such ages lack judgment and are carried away by the enthusiasm of the time and commit indiscretions. Let the college faculties of this country impose proper restraint upon these otherwise desirable athletics and there will not be such a record of death and injury.

ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Thirty-five women are now attending Johns Hopkins' Medical School.

If you practice obstetrics it will pay you to investigate the Sims obstetrical brace.

We have seen some remarkable results from the use of acneine in treating acne.

Passiflora incarnata (Daniels) helps some cases of epilepsy. It is worth trying in this obstinate disease.

Write to the B. M. Butler Chemical Co., for a sample of their eczemoline and also for their complete price list.

The Detroit Alkaloidal Co. makes a new and liberal introductory offer this month. Better improve this offer, while you have the chance, doctor.

Dr. Triplett has a new announcement of his post graduate work, in this number. One of his physician-students writes: "Your methods bring me the most desirable and profitable part of my practice."

Have you sent to Dr. Koonse, La Fayette, Ind., for his book on drug addictions—opium, morphine, cocaine, whiskey—and their correct treatment? If not, don't make the mistake not to get it; it is certainly a wonderful cure.

The booklets issued by the Acme Spring Bed Co., of Chicago, are worth sending for as they contain many hygienic pointers, of use to physicinas. The statements they make can be depended upon as they are reliable people.

The Alkaloidal Clinic will increase the subscription price from $1 to $2 per year, January 1. The Clinic has been giving its readers much more reading matter than any journal can really afford to give for $1. Those of our readers who intend to subscribe for the Clinic for next year, will do well to send in their subscription now, as subscriptions will be received at the old rate the balance of this month.

Dr. Henry H. Mudd, the eminent surgeon of St. Louis, died at his home, November 20, in the 56th year of his life. He was a surgeon of great skill and reputation. He was dean of the medical department of Washington University and had held other professional positions of importance. As a writer on surgical subjects, he was an authority and his contributions to current surgical literature will be missed.

We call special attention to the advertisement of the Physicians' Specialty Co., of Pottsville, Pa., who occupy one-quarter page with us this month. The treatment of hernia by the injection method is now without doubt an assured success, and physicians who would be termed progressive must be acquainted with the treatment. Universal hernial fluid is sold

at a popular price, and the purchaser is not oppressed with a heavy percentage which is usually exacted from purchasers of preparations of this sort. Their remedies for the cure of the opium or liquor addiction merit a trial at the hands of any of our readers having cases of this kind under observation.

℞ ℞ ℞

Flick has given extended trial to the iodine treatment of tuberculosis with some pleasing results. He uses it in the form of europhen, which is an excellent and agreeable iodine preparation. His method of applying by inunction is worthy of careful attention, as it is a convenient and efficient method of applying it. He has his patients rub it into the armpits and inside the thighs once or twice daily. One to four drachms of the following ointment are used at one time:

℞ Europhen, ʒi.
Oil of Rose, gtt iss
Oil of Anise, ʒi.
Oil of Olives, ʒiiss.

℞ ℞ ℞

Dr. E. Rosenthal, of Philadelphia, in a recent article in the Am. Gyn. & Obstet. Journal, says: It is a well established clinical fact that malt preparations are of therapeutic value just in proportion as they possess the ability to convert starches—one of the most important food-stuffs, about two-thirds of the ordinary diet—into assimilable products. The writer, after studying the unbiased reports of analytical chemists concerning the nutritive values—as revealed by chemical examinations—and the diastasic power of the best known malt preparations, selected maltzyme and its various compounds as being theoretically the best adapted nutrient and digestive adjuvant. The maltzyme preparations were given a fair, unbiased clinical trial in about thirty cases.

Dr Max. Einhorn (British Medical Journal, November 25, 1899) has used heroin since January 1, 1899, either in powder form or tablets, or heroin hydrochloride in solutions, giving 5 mg. (1½ gr.) twice daily. The formula prescribed was heroin, 0.005; sach. alb., 0.3; ft. pulv., No. XIV.; Sig: one powder twice daily. Or: heroin mur., 0.075; aq. dest., 60.0; Sig: one teaspoonful twice daily. In three out of four cases of pulmonary tuberculosis a constant improvement (alleviation of the cough) was obtained, while in one case, after acting beneficially at first, the drug lost its effect in fourteen days. In five of seven cases of asthma its action was good; it diminished the dyspnea and alleviated the cough, although in two of them the administration of potassium iodide in conjunction with the heroin was necessary. In two other cases no improvement was apparently obtained. In two cases of chronic bronchitis improvement occurred in one instance, and no results in the other. In three cases of cardiac lesion and slight dyspnea amelioration occurred in two, while in a third no effect was noted. In two cases of cancer (one of the cardia and one of the stomach) the pains were greatly alleviated. In a case of hyperaesthesia of the stomach and chronic bronchitis the remedy acted well, but produced constipation; and in two cases of gastralgia (one from duodenal ulcer, the other from gastric catarrh) decided amelioration took place. In a case of tabes dorsalis the existing gastralgia and enteralgia were much relieved. Dr. Einhorn concludes, from his observations that in heroin we possess a very valuable therapeutic agent. It principally allays coughs and eases respiration, but it has also general analgesic properties, which render it of benefit in most painful affections. Except slight dizziness, he has never seen any unpleasant symptoms.

Dr. Ira D. Hopkins, of Utica, N. Y., says: Three patients of mine who have been taking pil. vigorans have recovered. I could not ask medicine to do better work. I have found pil. vigorans just as represented. I shall use them when I have a patient that needs them.

In the Handbook of Haematherpy is an interesting case of Bright's disease, which was successfully treated with live blood, in the form of bovinine. The patient was a well-to-do New York merchant, and everything hitherto deemed likely to afford relief had been tried. In spite of all treatment his urine contained 1 per cent. of albumen and granular casts in large quantities. The prognosis was apparently discouraging in the extreme. Because bovinine was giving good results in wasting diseases, and this case showed profound emaciation, the remedy was tried as a final resort. A teaspoonful was given in sterilized milk every two hours, together with plain lithia water. The treatment was well born by the stomach, so that after one week the dose was increased to one tablespoonful, and a week later to a wineglassful every three hours. After three weeks of treatment the urine showed barely a trace of albumen, and but few casts, and a week later was normal. The patient was then feeling better than he had at any time since the trouble began. He continued improving, and made a complete recovery. On the second day of the blood treatment, improvement was noted, and continued rapidly throughout.

What is claimed for pepto-mangan ("Gude"), and the same is never refuted, is that the metals, iron and manganese, exist in an organo-plastic form, the solution being positively neutral in reaction. The metals are held in perfect solution as true peptonates, being produced by a process heretofore unknown. This preparation, Gude's pepto-mangan, when taken into the stomach undergoes no chemical change whatsoever. Being practically predigested, it is readily absorbed by the mucous membrane of the stomach, the process of assimilation is easy, and the metals are taken up by the blood immediately. Commercial solutions of iron and manganese are made with the aid of acids or alkalies, and notably the latter; that is, they are held in solution in the presence of a comparatively large quantity of caustic soda, which neutralizes, to a certain extent, the hydrochloric acid in the stomach and liberates oxides of iron and manganese. The latter, through the action of the hydrochloric acid of the gastric juice, are converted into chlorides of these metals, and thus cause a a caustic action upon the gastric mucous membrane. This has been proven by Prof. Bunge, as shown in his very able article, read before the Congress of Medicine, at Munich, 1895.

That codeine had an especially beneficial effect in cases of nervous cough, and that it was capable of controlling excessive coughing in various lung affections, was noted before its true physiological action was understood. Later it was clear that its power as a nerve calmative was due, as Bartholow says, to its special action on the pneumogastric nerve. Codeine stands apart from the rest of its group, in that it does not arrest secretion in the respiratory and intestinal tract. In marked contrast is it in this respect to morphine. Morphine dries the mucous membrane of the respiratory tract to such a degree that the condition is

often made worse by its use; while its effect on the intestinal tract is to produce constipation. There are none of these disagreeable effects attending the use of codeine.

The coal-tar products were found to have great power as analgesics and antipyretics long before experiments in the therapeutical laboratory had been conducted to show their exact action. As a result of this laboratory work we know now that some of them are safe, while others are very dangerous. Antikamnia has stood the test of exhaustive trial, both in clinical and regular practice and has been proven free from the usual untoward after-effects which accompany, characterize and distinguish all other preparations of this class. Therefore antikamnia and codeine tablets afford a very desirable mode of exhibiting these two valuable drugs. The proportions are the most frequently indicated in the various neuroses of the larynx as well as the coughs incident to lung affections, grippal conditions, etc.—The Laryngoscope.

Dr. R. C. Kenner (Medical Mirror) recommends in the treatment of acute articular rheumatism that a good anodyne liniment, such as chloroform or aconite should be well rubbed into the affected parts, and after it has dried the joints should be incased in cotton batting, and a splint applied so as to render them immovable. This covering should be applied in such a manner that it can be readily removed to permit of applications of the liniment. In latter years he has ceased altogether to administer the salicylates on account of their interference with the digestive organs and the feeling of depression and melancholy, as well as the intense biliousness and a weakening action upon the heart, to which they give rise. He now relies upon salophen in this disease, giving it first in doses of five to ten grains every two hours, and gradually reducing the daily dose. On the ground of the study of the drug in seventy-five cases, he states that it promptly relieves the pains, renders the skin moist and causes the gradual disappearance of the swelling. After the acute affection has disappeared, he recommends the administration of some tonic, which he believes will materially shorten the period of convalescence.

The eminent evangelist, D. L. Moody, in speaking recently in Chicago of Dowie and his adherents and the epithets applied to physicians by them said: "I do not believe that doctors are devils. The noblest profession outside of the ministry is that of medicine. Never yet in all my years of work have I called upon an able doctor, telling him of the sickness and need of some poor friendless person, that he did not at once go to the rescue, without money and without price. Some of the noblest men I ever knew have gone out as medical missionaries, devoting their lives to doing good with the skill and healing medicines the Lord has conferred upon them. And these men are called devils! God have mercy upon the man who says so—God forgive the man who holds such beliefs! God heals, and God heals through doctors and through medicines. Do not be carried away by the ravings of fanaticism. We have a new 'ism' in America about every year—beware of the 'isms!' What would I do if I fell sick? Get the best doctor in Chicago, trust to him, and trust to the Lord to work through him! The doctors have done wonders as their knowledge has grown—they have reduced the dangers of death from diseases that once slew all they touched—and the doctors, if God helps them, will yet find a way to stop the ravages of other terrors!"

THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

THE SURGICAL DISEASES OF THE GENITO-URINARY TRACT, VENEREAL AND SEXUAL DISEASES. A text book for students and practitioners, by G. Frank Lydston, M. D., professor of the surgical diseases of the genito-urinary organs and syphiology in the medical department of the State University of Illinois; professor of criminal anthropology in the Kent College of Law; surgeon-in-chief of the genito-urinary department of the West Side Dispensary. Fellow of the Chicago Academy of Medicine; Fellow of the American Academy of Political and Social Science; delegate from the United States to the international congress for the prevention of syphilis and the venereal diseases, held at Brussels, Belgium, September 5, 1899, etc. Illustrated with 233 engravings, 6½x9¾ inches; pages xvi–1024. Extra cloth, $5.00 net; sheep or half-Russia, $5.75 net. The F. A. Davis Co., publishers, 1914–16 Cherry street, Philadelphia.

While the author of this work very modestly says that he has not attempted to cover the literature of the subjects, we think the work is very complete for the general practitioner. No one, except the specialist, would need a more voluminous work, and the specialist's library cannot be considered complete without the book.

Dr. Lydston first discusses genito-urinary and sexual hygiene and also urinalysis in its relation to the subjects of the book. All the surgical diseases of the genito-urinary organs are then thoroughly considered. The book is up-to-date in both pathology and treatment. The following extract from the section on gonorrhea shows that modern methods are presented: Various new preparations of silver are becoming quite popular in the treatment of urethritis. There is a growing conviction that silver is the coming antiseptic par excellence. It is too early as yet to decide positively as to the merits of the new preparations; but so far as the author's experience has gone, they are very valuable. Injections of argonin, beginning with 2 per cent. and increasing gradually up to 8 and even 10 per cent., often act splendidly. Protargol in ½ per cent. solution appears to be less irritating and quite as reliable. Nargol, a new combination of silver and nucleins, merits a trial. Mercurol, the latest mercurial antiseptic, seems promising.

The following general conclusions give the author's views on syphilis: 1 The cure of syphilis should not be attempted by specific medication alone, but certain general principles of management should be applied. 2. No attempt should be made to destroy the chancre. Irritants should be avoided, and the patient should be assured that there is little or no danger of serious local destruction. The time element and the necessity for caution in diagnosis should be remembered. 3. Treatment should not be begun until a positive diagnosis has been made, excepting in the rare cases where internal treatment may he necessary to clear up the doubt. 4. There should be little restriction in diet. All forms of liquor and tobacco should be forbidden. 5. The patient shonld understand that the natural course of syphilis is from eighteen months to three years. The disease cannot be cured in less time, and on the average it requires three years treatment. 6. He should be informed that mercury, properly used, is absolutely necessary in the majority of cases of syphilis, and that no case is safe without it. Mercury is neither pernicious nor dangerous when properly used. 7. Most of the so-called bad effects of mercury

are really cases of syphilis that have not had enough mercury. 8. Hot baths are necessary throughout the entire course of treatment; Turkish baths, if they can be had; plain hot baths, if the former cannot. 9. The hot baths are not necessary in the management of syphilis. They may be of assistance in rare cases, but do not shorten the duration of syphilis a single day, nor can they be depended on for a cure. They never lessen the necessity for medical treatment. 10. Lesions in syphilitic patients or those who have once had syphilis should be diagnosed and treated upon their merits. "Once syphilitic, everything syphilitic," is fallacious reasoning. Patients formerly syphilitic may have non-specific lesions, as may anyone else. 11. The laity should be given to understand that syphilis, properly treated, is not only not incurable, but is one of the most curable of all diseases, providing it be given the same chance for a cure as is given other chronic diseases of equal importance. This means steady and uninterrupted treatment for many months. The treatment should comprise, in the main, mercury and iodide. 12. Careful consideration should be given to complicating conditions and to certain symptoms in the period of sequels that can in no sense be regarded as syphilitic. In short, due regard should be given the patient as well as his syphilis. 13. Matrimony should be interdicted until at least three years after infection. It may be permitted, providing the patient has had no symptoms of syphilis for at least eighteen months. In women the period of probation should be longer. In any event, matrimony should not be sanctioned unless the case has been carefully treated for the proper length of time. As there is always a certain element of danger that cannot be estimated, even approximately, the patient should assume all responsibility save that of a reasonable probability of safety. This, and nothing further, should be assumed by the physician.

The book is very practical and we recommend it to every practitioner who treats diseases of these organs. The numerous illustrations are excellent and add much to the value of the book.

An Atlas of the Bacteria Pathogenic in Man, with Descriptions of Their Morphology and modes of miscroscopic examination, by Samuel G. Shattock, F. R. C. S., joint lecturer on Pathology and Bacteriology, St. Thomas' Medical School, London; Pathological Curator of the Museum of the Royal College of Surgeons, London. With an introductory chapter on Bacteriology, its practical value to the general practitioner, by W. Wayne Babcock, M. D., Pathologist to the Kensington Hospital for woman; Clinical Pathologist to the Medico-Chirurgical College of Philadelphia. Sixteen full-page colored plates. E. B. Treat & Co., 241-243 West 23d Street, New York. Price, $1.00 cloth.

This book, gives in condensed form much valuable information on bacteriology. The colored plates are of especial value as they accurately show some of the bacteria of most interest to physicians.

The following from Dr. Babcock's chapter presents some good ideas: To the general practitioner, bacteriology is offering a constantly increasing field of usefulness. From its earliest days, this science has suggested a theoretical basis for treatment, while it has developed, especially during some recent years. numerous products of practical remedial value. For the most part it has not been difficult for the physician to avail himself of these advances in treatment. The methods founded upon theory have been particularly popular, and it has been only

necessary for the micro-organismal nature of an affection to gain credence in order to have innumerable preparations of real or fancied antiseptic value pressed into service.

From the earlier vague and theoretic means of combating bacterial invasion, we are now emerging upon a more rational therapeusis, founded upon laboratory investigation and indorsed by clinical trial. Although preventive inoculations and the use of toxins and antitoxins have been adopted with some reluctance, their application is not difficult and their employment is now becoming general. Coincident with the recent advances in etiology, prophylaxis and therapeutics, and scarcely less important, are the strides made in bacteriologic diagnosis and prognosis. And yet, despite the great value of these latter innovations, it is entirely probable that bacteriology has been of far greater service to the practitioner in the line of treatment than in diagnosis. The scratch of the vaccine lancet or the thrust of the antitoxin needle requires neither erudition nor great technical skill, while indulgent manufacturers beg to supply the practitioner with more convenient and refined products. On the other hand, unfortunately, the methods of diagnosis have not only required laboratory training, but also laboratory apparatus.

These difficulties are being largely overcome in the medical centers by the establishment of municipal laboratories, but in the more remote districts the general practitioner is left, as usual, self-dependent. There is, moreover, a prevalent impression that the general practitioner requires but little knowledge of bacteriology. This needs correction. The specialist is a man who, by exceptional proficiency in a single branch, is exempted from a thorough knowledge of general medicine. Serving in a single field, he exacts service from his confreres in all others, including that of skilled laboratory workers. The true position of the general practitioner is, naturally, quite the reverse, and with the knowledge that "diagnosis is treatment," bacteriology must be far from the least of his many accomplishments. He may, therefore, rejoice in the fact that some of the most important of bacteriologic methods now require but simple apparatus, are capable of rapid performance and demand no exceptional skill. Given a good microscope, which may now be considered an essential part of the practitioner's outfit, a very moderate additional expense will provide the essential equipment for many of the many important diagnostic tests. Indeed, it is now possible without any aid from the microscope and with no more complicated apparatus than a test tube, to determine the presence and activities of typhoid bacilli in the body; and, thus, by a procedure scarcely more difficult than the test for sugar in urine, diagnose the existence of enteric fever. The single example may serve to illustrate the error of a prevalent opinion that bacteriology is hardly accessible to the practitioner as an aid in his daily work.

OVER THREE THOUSAND QUESTIONS ON LAWS OF THE HUMAN BODY OR PHYSIOLOGY, by Prof. J. P. Schmitz, M. D. Published by the author; 3321 Twenty-first Street, San Francisco, Cal.; 121 pages, $1.00.

The questions in this book will be found useful by any student of physiology as an aid in pursuing his study and preparing for examination. Many physicians who are preparing for state examinations will find these questions specially valuable. In addition to the questions, the author gives some of his original views in the book. We quote the following:

First—That the stimulus for respiration and circulation are the carbonic acid elements of the venous blood to the heart and lungs.

Second—That the acid for the gastric juice normally originates in the lower portion of the oesophagus.

Third—That external sensation lies in the sense organ.

Fourth—That the living body comprehends an immaterial vital principle or soul.

Fifth—That all brain and spinal cord nervous center actions, voluntary or involuntary on external organs, are due to reflex actions only.

Sixth—That cause of the capillary circulation in the animal body is peristaltic.

Seventh—That the defective mucous membrane is the primary cause of consumption.

Eighth—That the physiological action of remedies will become an exact science as soon as physiology is truly comprehended, and not before.

THE PHYSICIANS' VISITING LIST FOR 1900. Philadelphia, P. Blakiston's Son & Co., 1012 Walnut Street. Leather, $1.25.

This visiting list has been issued regular every year for forty-nine years, and is now so well known to the profession that comment upon its excellence is almost unnecessary. It has become standard and is the leading list issued by physicians

It contains tables of weights and measures, which is very useful. The dose table by Dr. Gould, is revised to the present time, and will be found useful for quick reference. This list makes bookkeeping a simple affair, as it embraces a whole set of books in a small compass, which enables a physician to accurately keep his accounts with little trouble.

THE ANTIKAMNIA CALENDAR for 1900. Designed by L. Crusius, M. D.

This is the fourth appearance of Dr. Crusius' calendar, which all medical men find useful and enjoyable. These skeleton sketches are inimitable and are to the point. Although the talented Dr. Crusius is gone, we can still see him in his work. Prior to his death he prepared these skeches for the calendar. Any of our readers who have not received this calendar can obtain a copy by addressing the Antikamnia Chemical Co.

SOLIDIFED FORMALDEHYDE is a pamphlet just published by the Dr. George Leininger Chemical Co., which contains much interesting information. Dr. J. L. Miller, demonstrator of Bacteriology at the Northwestern University Medical School, gives the results of his researches in an article entitled Formaldehyde Disinfection. The booklet contains articles on the use of formaldehyde as a therapeutic agent and disinfectant by several well known medical writers, also a reprint of Dr. Murrell's article on the treatment of phthisis. This little book contains the information which many physicians are looking for at the present time. A copy will be sent free to any of our readers who apply for it.

For corrosive sublimate poisoning, albumen is well known to be an efficient antidote. An albuminate of mercury is formed, which, being insoluble is not at all toxic, is in fact entirely inert. Recently this feature has been embodied so as to be of the utmost service to the surgeon, to the dermatologist and to the general practitioner as well. The albumen of mercury is found in the germicidal soap, known as sapodermin, is not only toxic, it is not irritant, it does not corrode metals. In addition it is soluble.

THE ALMA.

Most physicians at times have patients whom they wish to send to a good sanitarium and the question arises where to send them.

The Alma Sanitarium, at Alma, Mich., for the treatment of chronic diseases, is recognized as one of the very best institutions of its kind and has many superior advantages in management, location and equipment. The building itself is a substantial and commodious structure of brick and stone, in the erection of which no expense was spared to adapt it perfectly to its purpose. Besides, it possesses no small degree of architectural beauty. Every part of the building is roomy, light and airy. There are one hundred and fifty guests' rooms with hardwood floors, tastefully covered with rugs, and otherwise handsomely furnished. In addition to the steam coils and radiators, that in winter keep the building at an even temperature day and night, forty open fireplaces present a cheery aspect to the halls and reading rooms, and render the interior doubly attractive to invalids when the weather is unpropitious.

In the center of the main building is a brick air shaft, eight by ten feet, that extends from the ground to the open air above the roof, connecting with every room on each floor, and constantly supplying the entire building with absolutely pure air. The entire building is lighted by incandescent light.

The bathrooms are in the basement, and afford facilities for a complete system of hydrotherapeutics. The baths include the "Alma Bromo" mineral, Thermo-electric, Sea-salt Tub, Saline Spongings, Electric Vapor, Salt Glows, Needle, Sitz, Rainbath, Spray, Shower, Turkish, Russian and Plunge. The bath tubs are solid porcelain and the treatment rooms finished in natural birch with oak floors. Massage and Manual Swedish movements are also given in the hydrotherapeutic department by trained nurses.

The Mechanical Swedish room is fitted with appliances which experience has demonstrated to be of the greatest utility. The movements and manipulations can be adapted to any part of the body, and graduated to meet the requirements of special cases. Franklinic electricity is supplied by two large static machines, one a Wimshurst-Holtz and the other an Atkinson-Topler. The electric room is supplied with galvanic and faradic machines, the physicians' offices are

furnished with improved office electrical cabinets, and the bath rooms with faradic batteries for general and special faradism.

The waters are extremely valuable. The "Alma Bromo" water contains 19,242 grains to the gallon, and is the strongest bromide water in the world. It has a most excellent physiological effect upon the skin, circulation and nutrition; and its results in the treatment of all forms of chronic nervous diseases, diseases of rheumatic origin, heart diseases, nutritive disorders, etc., are extraordinarily favorable. Combined with systematic massage and resisted movements, its results in heart diseases are as favorable as the Nauheim baths. It comes at a tepid temperature from a depth of nearly 3,000 feet, and is used in dilution, so that the bath contains from one or ten per cent. of the mineral water.

The Park mineral spring water is a mild iron tonic, as well as a diuretic, and besides being a delicious beverage, is valuable in malnutrition and defective elimination.

The Gymnasium is well equipped with clubs, bells, rowing machines, lifting machines, Whitely exercisers, punching bags, etc., and a trained director gives her entire time to this gymnastic work and physical culture.

One of the greatest charms of the place is the spacious sun-parlor, on the first floor facing the south, with a delightful prospect, and the eternal reign of summer. Palms and other tropical and flowering plants, and glorious sunbeams falling in abundance through the walls of glass, offer a tempting and health-giving lounging room for the guests.

The dining room is on the first floor, lighted from both sides, and is a beautiful room, seating one hundred and fifty guests. The table is liberally supplied, and the service so dainty that the invalid can always find something to tempt the appetite. Specially prepared diet lists are given to all patients with digestive disturbances, according to the indication.

The laboratory is furnished with chemicals and apparatus to make the necessary analysis of stomach contents, urine and blood.

Taken all in all, the equipment of the Alma Sanitarium is complete, and no more delightful place could be imagined in which to get well. Invalids may have everything they need. The Alma uses the patient and the home doctor well.